**GSVSC Emergency Number: 540-598-0974**

Follow the instructions in the GSVSC Emergency Procedures (#1088). Use additional paper wherever needed. Failure to complete and submit this report may lead to disciplinary action, up to and including release from volunteer service. Complete and submit this form **within 48 hours to the CEO** for any of the following situations:

**Incident/Behavioral**

Any situation including **but not limited to** any of the following:

* Individual(s) who do not observe procedures or policies of GSVSC or GSUSA
* Individual(s) who demonstrate behaviors NOT in accordance with the Girl Scout Promise & Law
* An allegation of inappropriate use of Girl Scout funds
* Any situation involving violence or the threat of violence (verbal or physical)
* An alleged theft
* An allegation of physical, mental, emotional, neglect or sexual abuse, sexual assault or harassment including bullying, stalking, inappropriate texting or social-media messaging
* Intruders, vandalism, or property damage
* Product-tampering
* Girl Scout image or media issues
* Name-calling; cultural, religious, or racial slurs or cursing
* Appearance of illegal drugs, unrecorded prescription drugs, or drunkenness

**Accident/Injury/Illness**

* Any situation in which someone is injured or becomes suddenly ill, for which first aid or treatment is provided by a first-aider or medical professional (doctor, nurse, rescue squad, fire department, or medical facility).
* Exposure to blood/bodily fluids (An exposure is direct contact via eye, nose, mouth, or skin with someone else’s blood or bodily fluids (or via a needle stick or cut). Properly handling blood/bodily fluids while wearing/using gloves or other protective equipment is not an exposure. In the event of an exposure, seek the advice of a physician and report the exposure on the first working day. Follow up with this completed form.

**Crisis**

Any situation including but not limited to any of the following:

* An injury or illness that is likely to result in death or disability
* A serious behavior problem that resulted in a police report
* A site emergency or evacuation such as a fire, flood, or other natural disaster
* A missing person

If more than one person is injured or responsible for incident/accident/crisis, complete a separate form and describe the incident/accident/crisis only once.

**E-mail the completed form(s) within 48 hours to the CEO:** **ceo@gsvsc.org** **(use e-mail subject “INCIDENT REPORT”); OR fax to the headquarters office at 540-777-1151 (attention: CEO); OR mail to: Girl Scouts of Virginia Skyline Council, Attn: CEO – Incident Report, 3663 Peters Creek Road, NW, Roanoke, VA 24019-2809.**

|  |  |
| --- | --- |
| Name of person reporting:       | Date of report:       |
| Title/Position of person reporting (i.e., parent, guardian, troop leader):      |
| Day phone number:      -     -      | Evening or cell phone number:      -     -      |
| Email:       |
| Troop#       | Girl Scout Community (County of Residence):       |
| Troop Age Level(s): [ ] Daisy [ ] Brownie [ ] Junior [ ] Cadette [ ] Senior [ ] Ambassador  |
| **Incident/Accident/Crisis Information** |
| Type: | [ ] Incident/Behavioral  | [ ] Accident/Injury/Illness | [ ] Crisis |
| Date of Incident/Accident/Crisis:       | Time:      [ ]  A.M. [ ]  P.M. |
| Name of Girl Scout event or activity where incident/accident/crisis occurred (if applicable):       |
| Type of GS Event:[ ]  Troop Meeting/Activity [ ]  Girl Scout Community Event [ ]  Council-Sponsored Event[ ]  Resident Camp [ ]  Day Camp [ ]  Outdoor Program  [ ]  Other        |
| Location/Physical Address where Incident/Accident/Crisis occurred:       |
| GSVSC emergency number called? [ ]  Yes [ ]  No | Date/Time       [ ]  A.M. [ ]  P.M. |
| Name of GSVSC staff member notified:       |
| **Describe what happened:**       |

**Information of person reporting:**

 **Continued →**

**List those involved:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | **Girl****Boy****Adult Female****Adult Male** | **Member** **Non-member****Staff** | Role in accident/incident/crisis (parent, leader, girl member, sibling, etc.) | Troop # & GS grade-level |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**If any involved are minors, complete the following:**

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Parent/Guardian’s Name | E-mail Address | Phone Number |
|       |       |       |      -     -      |
|       |       |       |      -     -      |
|       |       |       |      -     -      |
|       |       |       |      -     -      |

|  |
| --- |
| If injured or responsible person is a minor, were parents/guardian contacted? [ ]  Yes [ ] No  |
| [ ]  Parent/Guardian contacted by phone or [ ] Other means of contact:       | Date/Time Parent contacted:       [ ]  A.M. [ ]  P.M. |
| By whom?      . | Title/Position:       |
| Parent/guardian response to incident/accident/crisis (if applicable.)       |

 **Continued →**

**List emergency or medical services and their jurisdiction, name, and contact phone number (if applicable):**

|  |
| --- |
| List in order the emergency, medical or first-aid procedures or actions taken to deal with the incident/accident/crisis (i.e., 1, 2, 3). Please include person(s) providing services or taking action (if applicable.):1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text
 |
| Were the police contacted? [ ]  Yes [ ]  No | Was a police report filed? [ ]  Yes [ ]  No |
| If a police report was filed, provide the name and phone number of the officer who took the report (if applicable):       |
| Fire Department:       |
| Medical aid/EMT Services (event first-aider, rescue squad, etc.):       |
| Hospital:       |
| Other:       |
| Were any additional witnesses present at the time of the incident/accident/crisis? If so, please list name, phone, and email address:1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
 |
| Was the incident/accident/crisis resolved? [ ]  Yes [ ]  No |
| If no, please list what further action steps may be warranted?       |

**Describe media contact:**

|  |
| --- |
| Describe any contact made with the media regarding this situation. If known, list their names and media affiliation.       |

**GSUSA United of Omaha claim form information:**

|  |
| --- |
| Was a GSUSA United of Omaha claim form given to anyone? List name and address.       |

**To enter a digital signature, follow these instructions: Click your cursor in the Signature field. On the menu above, go to Insert/Signature Line (located on the Text tab)/Microsoft Office Signature Line. Choose OKAY; then fill in the blanks provided.**

|  |  |
| --- | --- |
| Signature:       | Date:       |

**Check here if additional pages are attached.** **[ ]  How many are attached?**

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