INJURY REPORT FORM

Scouting America
Long Island

1. INJURED PARTY INFORMATION

Name (First, Middle, Last): _____ Unit: _____

Age: _____ D.O.B.: _____ Sex: _____ ☐ Camper ☐ Staff ☐ Adult

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Name of Parent/Guardian (if Minor): _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Name of Unit Leader (if Scout): _____ Unit: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

2. INJURY / ACCIDENT INFORMATION

Injury/Accident Date (Month/Day/Year): _____ Hour: _____ ☐ a.m. ☐ p.m.

Injury/Accident Location/Address: _____

Initially Reported by (Name): _____ ☐ Camper ☐ Staff ☐ Adult

Position (if Staff): _____ Phone: _____

Description of Injury/Accident:

Form Submitted by (Name): _____ Date: _____

Position: _____ Phone: _____

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3. NOTIFICATIONS

☐ Parent/Guardian Notified (if Minor) by ☐ Email ☐ Phone ☐ Other: _____

Name of Parent/Guardian Notified: _____ Phone: _____

Notification Made by (Name): _____ Position: _____ Phone: _____

Notification Date (Month/Day/Year): _____ Hour: _____ ☐ a.m. ☐ p.m.

Parent/Guardian Response:

☐ Council Notified by ☐ Email ☐ Phone ☐ Other: _____

Name of Council Person Notified: _____ Position: _____ Phone: _____

Notification Made by (Name): _____ Position: _____ Phone: _____

Notification Date (Month/Day/Year): _____ Hour: _____ ☐ a.m. ☐ p.m.

☐ Law Enforcement Notified by ☐ Email ☐ Phone ☐ Other: _____

Agency Notified: _____

Notification Made by (Name): _____ Position: _____ Phone: _____

Notification Date (Month/Day/Year): _____ Hour: _____ ☐ a.m. ☐ p.m.

4. MEDICAL TREATMENT

☐ Medical Treatment Sought Treatment Date (Month/Day/Year): _____ Hour: _____ ☐ a.m. ☐ p.m.

Treament Location: ☐ Accident Site ☐ Health Lodge ☐ Doctor's Office ☐ Urgent Care ☐ Emergency Room ☐ Other: _____

Name of Doctor / Urgent Care / Hospital (if applicable): _____

☐ Ambulance / Emergency Transport ☐ Self / Adult Transport to Doctor / Urgent Care / Hospital

Description of Treatment:

Form Submitted by (Name): _____ Date: _____

Position: _____ Phone: _____

Council Office Use Only

Insurance Notification Made by (Name:) _____ Date: _____

☐ HSR Form Sent ☐ Workman's Compensation ☐ Liability

RiskConnect Submission Made by (Name): _____ Date: _____ Case No.: _____

Scouting America National Initially Notified/Consulted by (Name): _____ Date: _____