

Guiders:

All incidents are documented and reported as outlined in the Incident Management Reporting section within Safe Guide. Incidents include illnesses, injuries, discipline problems, conflicts, frightening situations or any unusual or unexpected occurrences. Fill out one form for each person involved in the incident.

ALL Incident Reports must be sent directly to National Office within five (5) days from the date of the incident.

E-mail: insurance@girlguides.ca or Fax (416) 487-5570 or mail to 50 Merton Street, Toronto, ON M4S 1A3, Att: Finance & Administration Department.

Part A: Complete this for all incidents and **notify** your Commissioner (ACL in Ontario).

Part B: Completed in addition to Part A, if the incident is considered a "serious incident" as defined by *Safe Guide*.

To report suspicion or knowledge of child abuse to a child protection agency or the police, do not use this form. Follow the Girl Protection procedures.

ALL INFORMATION MUST BE PROVIDED - PLEASE PRINT CLEARLY IN CAPITAL LETTERS

PART A:

Name of person involved: _____ IMIS # _____

Complete Address: _____ Postal Code: _____

Street

Apt #

City

Guest

Member

Volunteer

Employee

Under 18 years of age

18 or older

Parent(s)/guardian(s): _____ Telephone #: _____

Unit name & no: _____

Date of incident: _____ Time of incident: _____

Names of all other participants directly involved: _____

Names of witnesses: _____

Was parent/guardian contacted? Yes No When (date/time)? _____

Describe the incident in full detail (attach additional sheets as necessary): _____

Was any outside help called in? (Emergency Medical Services (911), caretaker, police, fire, etc.) Yes No

If yes, describe who was called and what they did. _____

Were there any injuries resulting from this incident? Yes (complete Part B) No

If yes, was the participant taken to: Name and address of health care professional or medical facility: _____

Health care professional OR _____

Medical facility _____

Describe in detail any other measures taken once the incident was reported. _____

Did the person continue participation at the event/activity? Yes No

Was the participant sent home? Yes No If yes, when (date and time)? _____

Note any information relevant to their departure: _____

Form prepared by (print name): _____ Signature: _____

Position in Guiding: _____ Date: _____

Responsible Guider (if different): _____ Signature: _____

PART B

Describe illness or detail how injury occurred (attach additional sheets as necessary):

For injuries, describe or diagram:

Describe first aid given:

By whom? _____ Time: _____ Location: _____

Additional comments: _____

Follow-up: _____

If taken to a health care professional/ facility, when? (Date/time) _____

Name of person accompanying participant
to health care professional/facility (Print name): _____

Signature: _____ Position: _____

Did health care professional/ facility contact parent/guardian? Yes or No

Was medication prescribed? Yes or No

Activity limitations prescribed: _____

Follow-up prescribed: _____

We protect and respect your privacy. Your personal information is used only for the purposes stated on or indicated by the form. For complete details, see our Privacy Statement at www.girlguides.ca or contact your provincial office or the national office for a copy.