**Injured person section**

Fill out the details of the injured person. One section is to be completed for each person injured as a result of the accident or incident.

**Injured person’s details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Membership no.: |  |

If the injured person is under 18, their main parent or carer will be contacted, so please make sure that GO is up to date.

If the injured person is **not** a member of Girlguiding, please provide their details below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name: |  | | Date of birth: |  |
| Postal address: |  | | | |
| Phone number: |  | | | |
| Email address: |  | | | |
| If under 18, name of next of kin: | |  | | |
| Relationship to injured person: | |  | | |
| Contact details: |  | | | |

**Injury details**

|  |  |  |
| --- | --- | --- |
| Detailed description of injury sustained (including the part of body affected): | | |
|  | | |
| Treatment given (including first aid and/or hospital treatment): | | |
|  | | |
| Was the injured person taken from the scene to hospital for treatment: | | Yes  No |
| Name and address of hospital: |  | |
| Results of injury (for example, did the injured person need to stay in hospital overnight): | | |
|  | | |