**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): |
|       |