

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: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name and address of hospital: | |
| Results of injury (for example, did the injured person need to stay in hospital overnight): | |
| | |