Notification of Accident or Incident

This form should be completed by an adult member of Girlguiding as soon as possible after an accident or incident. Please complete the whole of the form and attach any relevant witness statements or documents. This is not an insurance claim form - it is purely for notification. Receipt will be acknowledged, and an expenses form will be issued if any costs have been incurred.

Please keep a copy for your records and return the original to the address overleaf. If you have any queries about this form, please call Girlguiding’s insurance helpline on 0845 260 1053.

**Injured person**

Name ________________________________  Membership number ____________________________

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

Date of birth ___________________________
Address

Telephone number _________________________  Email address ___________________________

**Next of kin (if injured person is under 18)**

Name _______________________________________________________________________________

Relationship to injured person _________________________________________________________ 

Contact details

Leader

Name ________________________________  Membership number ____________________________

Level name ___________________________  Level number ________________________________
Accident details

Date and time of accident/incident _____________________________________________________

Event _______________________________________________________________________________

Activity

Has a risk assessment been completed prior to the activity taking place? Yes No

Location (address and contact person) ___________________________________________________

Size of group _______________________ Number of adults supervising _______________________

Was this a joint activity with the Scout Association? Yes No

Description of accident/incident
Please give a full description of the accident or incident, including the cause.

Type of injury ________________________________________________________________________

Treatment given (first aid, hospital etc) ___________________________________________________

Address of hospital or doctor if applicable ________________________________________________

Result of injury (hospital stay etc) _______________________________________________________

Signature of Leader
I understand and give explicit consent that the information I provide about myself and others named in this Notification, including any sensitive information such as health records, will be retained securely and will be shared with Girlguiding’s insurers.

Signature __________________________________  Date ___________________________________

Please send the completed form to:
Insurance Department, Girlguiding, 17–19 Buckingham Palace Road, London SW1W 0PT
Tel: 0845 260 1053          Email: insurancesupport@girlguiding.org.uk