

INJURY/ILLNESS REPORT

To be completed for any injury/illness requiring transport to hospital or health care facility or unusual situation.

To be filled out by professional Scouter, council employee or if not available, most senior volunteer as completely as possible.

One for each person transported.

Name of injured/ill patient _____

Age _____ Registered in Scouting? Yes No

If not registered, explain reason at event: (e.g., daughter of unit leader, visitor, assisting parent) _____

Unit Number/Type _____

Patient Home Address _____

City _____ Zip _____

Home Phone _____

Parent's Name (if patient is under 18) _____

Parent's Daytime Phone _____

Date of injury/illness _____ Day _____

Time of injury/illness _____

Reason for visit to hospital or urgent care center: (e.g., chest pain, ankle injury) _____

Location at which patient became ill/injured: (e.g. Camp Long Lake, Milwaukee County Zoo, etc.) _____

Circumstances under which patient became ill/injured: (e.g., fell out of tree onto arm, chest pain persisted after carrying load of firewood) _____

Scouter names that witnessed event with daytime and/or home phone number _____

Name of senior unit leader at event with daytime and/or home phone number _____

Name of individual who transported patient with daytime and/or home phone number _____

Approximate time of arrival at health care facility _____

Name of treating health care facility _____

Name of individual filing this report _____

Reporter's Daytime Phone number _____

Reporter's Position for event _____

Date report filled out _____

**Please mail, fax or e-mail a copy of this form
to the council service center immediately:**

Potawatomi Area Council, BSA
Attn: Scout Executive
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Waukesha, WI 53188-1698

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E-mail: patrick.scherer@scouting.org