

# Girls on the Run Vermont - Accident/Incident Form

Council Name: GOTR Vermont

Council Director Name: Nancy Heydinger

Program Site: \_\_\_\_\_

Date of accident/incident: \_\_\_\_\_

Address of where accident/incident occurred: \_\_\_\_\_

Name of Lead Coach(es) present at time of accident/incident:

\_\_\_\_\_

Parties involved: \_\_\_\_\_

Description of accident/incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were emergency services contacted? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Were parents informed in person or with a phone call? \_\_\_\_\_

What is the status of the accident/incident at this time? \_\_\_\_\_

\_\_\_\_\_

Signature

Print Name

Date

**Please send a copy to: Nancy Heydinger, GOTR VT, 311 Laurel Ledges, Vernon VT 05354**