

CRISIS COMMUNICATION FORM

WHAT TO DO IN THE EVENT OF A SERIOUS ACCIDENT OR EMERGENCY

- 1) Stop and assess the situation.
- 2) Contact police, fire, and ambulance if needed. Be sure to alert police, fire, or ambulance if the injured party is a child.

911	Emergency
800-222-1222	Poison Control
_____	Local emergency number

- 3) Designate a person in charge. Care for the injured.
- 4) Contact the Service Center: **888-474-9686 (8:30 am–5:00 pm, Monday-Friday)**
or Crisis Phone Number: **603-716-0149 (after-hours/weekends)**

Be prepared to give:

- Your name and position
- Your location
- A phone number where you can be reached
- The nature of your emergency

- 5) Designate someone to record all events and information.
- 6) Designate adult(s) to remove other children from the scene.
- 7) Be ready to give the following additional information to the **police** and **council spokesperson** only:

****ONLY THE OFFICIAL COUNCIL SPOKESPERSON IS TO MAKE COMMENTS TO THE MEDIA.****

- Your name and position
- Nature of the emergency
- What happened; order of events (be specific)
- When and where it happened, date, time, and exact location
- Names, ages, addresses, and phone numbers of all people involved
- Parents' names, addresses, phone numbers
- Others involved—police, fire, medical aid, etc.
- Cause of accident (if vehicles are involved, complete accident information on back)
- Witnesses—include names, addresses, and phone numbers
- Phone number where you can be reached--**assign someone to remain at phone**
- Do not discuss the situation with the media. **GSGWM will designate an official spokesperson.**

- 8) Complete the back of this form and an Incident and Issue Report Form, and submit to council.

ACCIDENT INFORMATION

1. GSGWM Trained Adult: _____ Phone #: _____

Full names of others involved: _____

2. Date: _____ Time: _____

3. Place of accident: _____

4. Describe accident (attach extra sheet as needed):

5. Witnesses: Name: _____ Phone #: _____

Name: _____ Phone #: _____

6. If vehicle accident, drivers should report the accident to the police and to their insurance company immediately.

GSGWM driver's name: _____ Phone #: _____

Address: _____

Other driver's name: _____ Phone #: _____

Address: _____

City: _____ State: _____

Insurance company: _____

Policy #: _____ Insurance co. phone #: _____

Address of insurance company: _____

Driver's license #: _____ License plate #: _____

Car make and model: _____

7. Road conditions: _____

8. List all girls and adults in the vehicle(s):

Person completing this form: _____

Home phone # _____ Cell phone # _____

Report to the staff member who answers your emergency call and then mail this completed page to:

Girl Scouts of the Green and White Mountains
1 Commerce Drive
Bedford, NH 03110

- SEE FRONT -