



Girl Scouts of Eastern Oklahoma
Evaluation of Activity/Overnight

Activity/Overnight
was Canceled

Date of Activity/Overnight – From _____ To _____ Troop Level _____ Troop # _____

Location of Activity/Overnight _____

Leader _____ Daytime Phone _____ Email _____

Participants: # Girls: _____ # Tagalongs: _____ # Adults – Female: _____ Male: _____

FOR THE LEADER

If using a council facility, please describe the condition of the site on arrival:

Please describe the condition of the site at time of departure. Be sure to include any repairs or maintenance work needing to be done (dead trees needing removal, fallen limbs, malfunctioning equipment, etc.):

Describe any incident, including first aid treatment, no matter how insignificant: _____

If there were any incidents/accidents which required (or may later require) professional medical care or hospitalization (including emergency room treatment), please complete the Accident/Incident Report on the back of the Emergency Procedures Form #579T. Submit Form #579T and the completed Mutual of Omaha Insurance Form within 24 hours to:

Girl Scouts of Eastern Oklahoma
Director of Programs
4810 South 129th East Avenue
Tulsa OK 74134

Forms may be scanned and transmitted electronically to: camps@gseok.org

Forms may also be faxed to: 918-749-2556 or toll free fax 866-749-2556

Use the back of this form for the girls' evaluation and **submit this form** as indicated above.

