

File this report with your council representative within 24 hours of an accident/incident that occurs during a Girl Scout activity.

Please answer all questions about the person involved or injured. If more than one person has been injured, complete separate forms and send them together describing the accident only once.

Person Involved/Injured:

Name _____ Phone (____) _____ Troop # _____

Address _____ City _____ State _____ Zip _____

Age _____ Grade _____ Sex _____

Is the involved/injured person registered with GSUSA? Yes No

Level Daisy Brownie Junior Cadette Senior Ambassador Adult

Parent/Guardian (if minor) _____

Home (____) _____ Work (____) _____ Email _____

Was parent notified? Yes No By whom?

Was a Mutual of Omaha Insurance Claim form given to the injured person or parent/guardian? Yes No

If No, why? _____ (If not, then one will be sent from the office upon receipt of this

Description of Accident/Incident:

Date _____ Time _____ am/pm Location _____

Type of Activity _____

Describe what happened and injury: (Use a separate piece of paper and attach, if necessary.)

Draw a map of the location of the accident, if applicable, noting details and position of witnesses.

Witnesses:

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Describe Care Given:

Care given by whom? _____

Describe care *(Use a separate sheet of paper, if necessary.)*

Medical Treatment:

Physician's Name _____

Location _____ Hospital _____

Was person retained overnight in hospital? Yes No Date released _____

Person Completing This Form:

Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Position _____ Email _____

Signature _____ Date _____

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| <p>FOR OFFICE USE ONLY</p> <p>Date Accident/Incident Report Received _____ Date Given to HR/or Finance _____</p> <p>Date Mutual of Omaha Claim Form Given _____ Date Received _____</p> <p>Claim Form (s) sent to _____ Date _____</p> <p>Claim Submitted for Payment to _____ Date _____</p> |
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