

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 report.)*

**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 \_\_\_\_\_

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

NOTE: Please be aware that if there is an incident that requires you to seek medical attention while staying at one of our properties, Girl Scout insurance is used as a secondary insurance. **Your primary insurance is to be used first.** Upon arrival to the Health Care facility of your choice, please be sure to provide your insurance information along with any forms you were given by the designated staff person.