



Girl Scouts

Girl Scouts of Northern California
 With offices in: Chico, Eureka,
 Oakland, Red Bluff,
 Redding, San Jose,
 Santa Rosa, & Ukiah.
 T (800) 447-4475 F (510) 633-7925
 www.GirlScoutsNorCal.org
 info@GirlScoutsNorCal.org

Accident/Injury Report Form

This form is to be used to report any accident/injury occurring at a Girl Scouts of Northern California event/activity/meeting/campout/field trip/etc.

Fax this form along with the "Mutual of Omaha Claim Form" to the insurance specialist within 24 hours of accident:

(510) 562-3194

or email both forms to: insurance@girlscoutsnorcal.org

A. Injured Information

a.m. p.m.

Date of Accident/Injury _____ Time _____

Location (include complete address) _____ City _____ State _____ Zip _____

Name of Injured _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Parent's Name _____ Parent's Telephone (include area code) _____

Parent's Email Address _____

B. Witnesses

Attach signed statements.

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

C. Describe Accident/Injury: (Include part of body injured.)

D. How Did Accident/Injury Occur? (Describe in detail.)

Police Report Filed? Yes, Police Report # _____ Police Department _____ No

E. First Aid

Was first aid given? Yes No

If yes, by whom? Where?

Time first aid administered

Description of First Aid

F. Action Taken

After the Accident did the injured: continue activity limit activity go home go to the hospital

If taken to the hospital, who took the injured?

Name of Hospital

Address City State Zip

Name of Attending Physician

G. Parent Notification

Were parents notified? Yes No

If yes, how? (writing, telephone, etc.) Who notified parents? How soon after the Accident?

H. Equipment

Was any equipment or object connected with this Accident? Yes No

If yes, what? How did it contribute?

I. Behavior

Did any behavior or activity by injured contribute to Accident/Injury? Yes No

If yes, explain?

J. Other Contributing Factors

List other contributing factors.

K. Prevention

How could this accident have been prevented?

Submitted By

Name Position/Title Date

OFFICE USE ONLY

DATE RECEIVED IN COUNCIL OFFICE _____ DATE REPORTED TO INSURANCE COMPANY _____