



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 program assistant in the Oakland office within 24 hours of accident:
 510-633-7925
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 _____