



Girl Scouts of Eastern South Carolina
First Report of Accident/Injury

Complete all information and attach to completed GSUSA Mutual of Omaha Claim Form. Submit immediately to: Girl Scouts of Eastern South Carolina, North Charleston Service Center, 7257 Cross County Road, North Charleston, SC, 29418.

Name of Injured \_\_\_\_\_ Age \_\_\_\_\_ Troop # \_\_\_\_\_
Parent/Guardian's Name \_\_\_\_\_
Address \_\_\_\_\_
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Injury/Accident occurred: Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Describe how the injury/accident occurred and the nature of the injury involved
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Who gave the first aid? \_\_\_\_\_
Describe first aid given: \_\_\_\_\_
\_\_\_\_\_

Was injury caused by disobeying any rule or regulation in force at the time of the injury/accident?
\_\_\_\_\_

Was the injured person negligent? \_\_\_\_\_ If so, in what way? \_\_\_\_\_
\_\_\_\_\_

Was an object or equipment connected with the injury/accident \_\_\_ What? \_\_\_\_\_
How? \_\_\_\_\_

Did unsafe activity by an individual contribute to injury/accident? \_\_\_ Explain: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Witnesses: \_\_\_\_\_

The events described above are true and accurate to the best of my knowledge.
Signature \_\_\_\_\_ Date \_\_\_\_\_
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_