

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 _____