

Within 5 days of the incident/injury, this form is to be submitted to the Membership Manager and COO:

- In the event of injury to a Girl or Adult during ANY Girl Scout event where an insurance claim might be submitted. Additional Mutual of Omaha claim forms can be requested at [insurance@girlscoutscoc.org](mailto:insurance@girlscoutscoc.org)
- Any time an incident concerning discrimination and/or child abuse is reported.

**PERSON(S) INVOLVED IN THE INCIDENT OR INJURED**

Name(s): \_\_\_\_\_  Girl  Adult  
 \_\_\_\_\_  Girl  Adult

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident/Injury occurred: \_\_\_\_\_

Brief Description of Incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please document details on a separate sheet of paper. Include: Who, What, When, Where, and planned after-action steps (see GSCCC Emergency Procedures for further guidance).

**PERSON ACCOMPANYING INJURED GIRL TO A MEDICAL FACILITY (IF APPLICABLE)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Day Phone Email

Position in Girl Scouts: \_\_\_\_\_

**PERSON REPORTING INCIDENT/INJURY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City State Zip

Day Phone Email

Position in Girl Scouts: \_\_\_\_\_

Signature of person completing document: \_\_\_\_\_ Date: \_\_\_\_\_

**REPORTING**

Was an insurance claim forwarded to the council office?  Yes  No