girl scouts of california's central coast

INCIDENT/INJURY REPORT

To be completed by adult

Within 5 days of the incident/injury, this form is to be submitted to info@girlscoutsccc.org.

- **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@girlscoutsccc.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