

Accident/Incident Report

Girl Scouts Spirit of Nebraska

Injured's Information Section:

Injured's Name _____ Age _____ Sex _____ Staff Non-member Member

Injured's Address _____
Number and Street City State Zip

If injured is a minor, name of parent/guardian _____

Address of parent/guardian _____ Phone (____) _____

Parent/Guardian or Injured's (if adult) Employer Name and Address _____

Parent/Guardian or Injured's (if adult)
 Name of Insurance Company _____ Policy or Certificate No. _____

Are benefits due for this claim under the above insurance coverage? Yes No

I hereby certify that all above information is true and complete.

Parent/Guardian or Injured's (if adult) Signature _____

Accident/Incident Description Section:

Date of accident/incident _____ Time of accident/incident _____ a.m. p.m.

Place of accident/incident _____

Type of activity (check below)

- | | | | | |
|---|--|--------------------------------------|--|---|
| 1. <input type="radio"/> Autos/Vehicles | 2. <input type="radio"/> Slips/Falls | 3. <input type="radio"/> Using Tools | 4. <input type="radio"/> Aquatics | 6. <input type="radio"/> Skating |
| <input type="radio"/> Driver | <input type="radio"/> Equipment/Furniture | <input type="radio"/> Saw | <input type="radio"/> Swimming | <input type="radio"/> Roller |
| <input type="radio"/> Passenger | <input type="radio"/> Animals | <input type="radio"/> Knife | <input type="radio"/> Boating/Canoeing | <input type="radio"/> Ice |
| <input type="radio"/> Pedestrian | <input type="radio"/> Other (carpet, stairs, etc.) | <input type="radio"/> Stove | <input type="radio"/> Water Skiing | 7. <input type="radio"/> Illness/Sickness |
| | | <input type="radio"/> Kiln | 5. <input type="radio"/> Poisonous Plants/Insects
(poison ivy/bee stings) | 8. <input type="radio"/> Other |

Describe in detail what the injured person was doing at the time of the accident _____

Was this an overnight event? Yes No If "Yes," number of nights _____

Name of event _____

Indicate dates of attendance from _____ to _____

Name/Address of witnesses (attach signed statement if necessary.)

1. _____
2. _____
3. _____

Emergency Treatment and Procedures Section:

What treatment was given at accident site? _____

By whom? _____

Was treatment given elsewhere? Yes No If yes, where? _____

Describe treatment? _____ By whom? _____

Was injured retained overnight in hospital? Yes No If so, which hospital? _____

Date released from hospital _____

Injured was released to Activity Camp Home Other _____

Date injured was released _____

If minor, was parent/guardian notified? Yes No Notified by Phone Other _____

By whom? _____ Title _____ Date/Time _____

Parent/Guardian response _____

Comments: _____

Council management staff notified:

Name/Title/Date/Time

1. _____

2. _____

3. _____

Name of Person Completing Form _____ Signature _____ Date _____

Please mail to your membership specialist at your area service center:

Great Plains Service Center: 2121 S 44th St, Omaha, NE 68105

Homestead Service Center: 8230 Beechwood Drive, Lincoln, NE 68510

Prairie Hills Service Center: 1570 33rd Avenue, Columbus, NE 68602

Goldenrod Service Center: 2412 Hwy. 30 East Ste 1, PO Box 1964 Kearney, NE 68848

Guiding Star Service Center: 302 West D St, PO Box 724, Ogallala, NE 691553

For Council Use Only:

Date Received _____

Claim is made under:

Commercial Plan _____

Workers' Comp _____