girl scouts heart of michigan

Incident/Accident Report Form

Please complete within 24 hours of incident/accident and send to insurance@gshom.org

Name of Injured _____
First Middle Last

Age _____ Sex _____ ❑ Participant ❑ Staff ❑Visitor

Address_____
Street & Number City State Zip

If Minor, Name of Parent/Guardian_____

Address_____
Street & Number City State Zip

Names/Addresses of Witnesses (Attach signed statements as to incident):

1. _____
2. _____
3. _____

Date of Accident/Incident _____ Hour _____a.m. _____ p.m.
Day Month Date Year

Facility Name _____ Date _____

Address _____
Street & Number City State Zip

Where incident/accident occurred? (Specify location, including location of injured and witnesses. Use diagram to locate persons and objects).

_____

_____

_____

Describe incident/accident in detail: (Use additional pages if necessary) _____

_____

_____

_____

Was individual participating in an activity at the time of the incident/accident? _____ If so what? _____

Was any equipment involved in the incident/ accident? _____

_____

What could have been done to prevent the injury/incident? _____

_____

_____

What emergency procedures were followed at time of accident? _____

_____

_____

Who administered the emergency care? _____

- OVER –

Medical Report of Accident:

Were family notified? _____ In writing? _____ By phone? _____ Other _____

By whom? _____ Date _____Time_____

Where was treatment given? At facility _____ Urgent Care _____ Dr. Office _____ Hospital _____

By whom? _____ Date _____ Time_____

Describe treatment administered: _____

Facility Name: _____

City:_____ Date _____ Inpatient _____ Out patient _____

Name of Physician in attendance _____

Date released from hospital _____

Comments:_____

_____

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Submitted by _____ Position _____ Date _____

Office Use Only:
Insurance Claim submitted: Date: _____ Copy participant insurance card _____

- ❑ Mutual of Omaha
- ❑ Workman's Compensation

Payment received _____