girl scouts of west central florida

GSWCF Non-Staff Incident Report QR Code (Members, Volunteers, etc.)

Please scan here to fill out a digital version of this incident Report below:
https://gswcf.jotform.com/250286303788059

Read all instructions and information carefully.

Should you have any technical issues with the QR Code, please fill out the pdf below and email to alangley@gswcf.org.

GSWCF Staff Incident Report QR Code

If you are a **Staff member of GSWCF**, please fill out this QR Code:
https://gswcf.jotform.com/251003826746859

Should you have any technical issues with the QR Code, please fill out the pdf below and email to alangley@gswcf.org.

girl scouts of west central florida

INCIDENT INFORMATION REPORT

Complete and submit this report for any injury (whether outside medical care was required or not) or any incident that needs to come to the attention of senior council management.

Name of person involved in incident/subject of incident: _____

Person involved in incident email address (if minor, guardian email): _____

Person involved in incident phone: _____

If child, parent(s) name: _____

If adult, emergency contact person name and phone: _____

Date of incident: _____ Time of incident: _____

Did this incident occur on one of GSWCF's camp properties? _____

Location of incident (Camp name, GSWCF Property or location address):

_____

_____

Person(s) involved: _____ Age: _____

_____ Age: _____

_____ Age: _____

Explain details of incident: _____

_____

_____

_____

Witnesses (name, email and telephone):

NAME	**EMAIL**	**PHONE**

Actions Taken

What was done? _____

_____

_____

Who was called? _____

_____

Was the person transported to an outside facility (medical, police, other)? Yes No

If yes, where and by whom? _____

_____

Explain treatment/resolution, if any: _____

_____

_____

If yes, what? _____

Submitted by: _____ Phone: _____

Address: _____

Girl Scout Position: _____ Date: _____

Submit Report:

Girl Scouts of West Central Florida, Inc.
Attn: Anna Langley
4610 Eisenhower Blvd.
Tampa, FL 33634

Or: Fax to 813.262.1771
Or: Email to alangley@gswcf.org

How to File a Claim

The claim form (M18979) is prepared by the Girl Scout volunteer or another authorized person, usually one who was at the scene of the accident and familiar with the circumstances.

Volunteer's or Other Activity Representative's Procedures

When a Girl Scout, adult member or participant is injured during a supervised Girl Scout activity, the volunteer should follow these directions to claim benefits.

1. Have parent/guardian of injured participant or injured adult participant complete and sign appropriate sections of claim form.
2. Volunteer or activity representative must complete and sign the front of the claim form as soon as reasonably possible. Be sure to provide all the information required to expedite processing and to avoid delay.
3. Submit an itemized billing complete with diagnosis, date(s) and procedure code(s).
4. Keep a copy of all for your records.
5. 5. Send the original to the council for validation along with any available bills for covered expenses which have been incurred.

Claims will not be processed without council signature.

Council Procedures

1. The council receives the completed claim form and reviews for: membership status or purchase of optional insurance, eligibility, presence of a bill and that the activity information provided is sufficient to confirm the claim is for a Girl Scout related accident (or illness).
2. The activity information section shown on the claim form must be completed. When marking this section, exercise good judgment (i.e., while at camp a girl falls over a log while walking across the beach. The aquatic section should not be marked, as she wasn't in or on the water. The appropriate section is slips/falls and other (carpet, log, stairs, etc.).
3. The council official's signature is required.
4. Councils shouldn't sign blank forms and release to the volunteer. Remember, Mutual of Omaha relies on the council to verify that the claim is for a Girl Scout related accident (or illness).
5. Mark all appropriate levels (e.g., a Girl Scout Senior is serving as a day camp aide or resident camp counselor, check 4, senior and 9. seasonal staff).
6. Send the original copy (with any bills) to:

Mutual of Omaha Insurance Company
Special Risk Services
P.O. Box 31156
Omaha, NE 68131

7. Retain a copy for council records.

Questions on insurance claims should be referred to the P.O. Box number shown in No. 6, or call 800-524-2324.

Only the insurance company can interpret the coverage as it applies to a specific claim. Mutual of Omaha cannot answer Girl Scout program questions.

Girl Scouts of the USA Claim Form

Mail any additional bills (properly identified by injured person and council name) to:

Special Risk Services
P.O. Box 31156
Omaha, Nebraska 68131
1-800-524-2324

Claimant Information – All Questions Must Be Answered

Name of claimant | Identification Number | Age | Date of Birth

Claimant's address | Number and Street | City | State | ZIP Code

If claimant is a minor, name of parent or guardian | Phone Number ( ) -

Address of parent or guardian | Number and Street | City | State | ZIP Code

Father, Guardian or Claimant's (if adult) Employer's Name and Address: _____

_____ Phone No. (_____) _____ - _____

Mother, Guardian or Spouse's Employer's Name and Address: _____

_____ Phone No. (_____) _____ - _____

Name of all companies providing your insurance coverage or prepaid health plans.

Name of Company | Address | Policy or Certificate No.

_____

_____

If you do not have other coverage, sign and date the following statement.

I, _____, on _____, verify there is no other insurance coverage available for these and all expenses related to this claim.

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

I verify that I have read and understand the fraud statement for my state that accompanied this form.

New York Claimants: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION. (PURSUANT TO 11 NYC RR86)

_____ _____

Signature (Parent/Guardian) | Date

ATTACH ITEMIZED BILLS WITH A DOCTOR'S DIAGNOSIS

M18979_0515

GIRL SCOUT LEADER STATEMENT

Troop Number _____ Level: 0 ☐ Daisy 1 ☐ Brownie 2 ☐ Junior 3 ☐ Cadette 4 ☐ Senior 5 ☐ Adult member 6 ☐ Nonmember child 7 ☐ Nonmember adult 8 ☐ Staff 9 ☐ Seasonal Staff 51 ☐ Ambassador

Name of council | Council No. | Phone Number ( ) -

Council's address | Number and Street | City | State | ZIP Code

Date and place of accident or sickness	Date and location	Nature and details of injury or sickness

Activity information

Type of activity (check below):

1. ☐ Autos/Vehicles
   - ☐ Driver
   - ☐ Passenger
   - ☐ Pedestrian
2. ☐ Slips/Falls on/at/over/from
   - ☐ Equipment/Furniture
   - ☐ Animals
   - ☐ Other (carpet, log, stairs, etc.)
3. ☐ Using Tools
   - ☐ Saw
   - ☐ Knife
   - ☐ Stove
   - ☐ Kiln
   - ☐ Other
4. ☐ Aquatics (in/on water)
   - ☐ Swimming/diving
   - ☐ Boating/canoeing
   - ☐ Water Skiing
5. ☐ Poisonous Plants/Insects (poison ivy/bee stings)
6. ☐ Skating
   - ☐ Roller
   - ☐ Ice
7. ☐ Illness/Sickness
8. ☐ Other Accident

Overnight events

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

Name of event:

Indicate dates of attendance from to

Troop validation or authorized activity representative's validation

We hereby certify that the insured person is a currently registered Girl Scout or that the required premium for insurance coverage has been paid for this person and that the claimant was participating in an authorized Girl Scout activity as described above.

_____

Activity Representative's Signature/Troop Leader's Signature Date

_____

Street Address City State ZIP Code

Did injury occur during course of employment? ☐ Yes ☐ No

Claims covered by the council's workers' compensation policy should not be submitted to Mutual of Omaha.

COUNCIL USE ONLY

I certify that this injury or sickness occurred as described and that the activity was sponsored and supervised by the Girl Scouts.

_____

Council Official's Signature Date

Authorization for Release of Information

I authorize Mutual of Omaha Insurance Company and/or its affiliated companies to disclose my or my children's personal information to Girl Scouts USA for purposes of claim confirmation.

The personal information may include such items as claim and medical information, including diagnosis, mental and physical condition, prescription drug records, and other related claim information.

I understand that I may refuse to sign this authorization. My refusal to sign will not affect my enrollment, my eligibility for benefits or my ability to obtain payment, but may delay the processing of my claim.

If the person or entity to whom information is disclosed isn't a health care provider or health plan subject to federal privacy regulations, the information may be redisclosed without the protection of the federal privacy regulations.

Unless revoked earlier, this authorization will remain in effect for 24 months from the date I sign it. I understand that I may revoke this authorization at any time, by written notice to: Mutual of Omaha Insurance Company, ATTN: Special Risk Claims, PO Box 31156, Omaha, NE 68131.

I understand that I am entitled to receive a copy of the signed authorization.

_____ _____

Signature Date

_____

Relationship to insured