

Accident/Injury/Illness Reporting Form

Use this form to report any accident, injury, or illness.

Return completed form to GSNETX Customer Care:

insuranceclaims@gsnetx.org or secure fax: 1-844-965-9126

This is documenting: Injury/First Aid Illness Accident

Details of person injured or involved:

Person Completing Report: _____ Date: _____

Person(s) Injured/Involved: _____ Troop #: _____

Parent's Name if injured is a child: _____

Email: _____ Phone #: _____

Details of Injury/Incident/Accident:

Who was injured person? Girl Adult

Date & Time: _____ Location: _____

Witnesses: _____

Description of Incident/Injury/Accident (Describe sequence of events):

*If more space is required please use the **back** of this sheet

TO BE COMPLETED ONLY IF INJURY SUSTAINED OR FIRST AID WAS REQUIRED

Type of injury sustained:	
Cause of injury or first aid:	
Was medical treatment necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No -- If yes, name of facility or physician:

Was accident or injury caused by unsafe condition? yes no

If yes, please report all property related accidents and injuries to staff to enter via IssueTrak.

Signature: _____ Date: _____

(Signature of Person Completing Report)