

Accident/Incident Report



Keep this form with your troop/group first aid kit of Girl Health History forms.
Make sure you know where it is and can access it quickly.
Complete ONE report per incident/injured person.

1. Follow directions in Volunteer Essentials and on the Emergency After Hours Call Card (pink card)
2. Within 72 hours, you must email or mail this report to: RiskManagement@girlscoutsla.org

GSGLA Risk Management
801 S. Grand Ave. Suite 300. Los Angeles, CA 90017

Name of Injured Person Date of birth/Age Phone #

Address email address

City/State/Zip Troop/group # and or Service Unit

Date of emergency Time am/pm Location

Were the police contacted? Yes ___ No ___ Was a police report filed? Yes ___ No ___

Nature and extent of injury:

Name and title of attending medical professional Treatment given (use reverse if needed)

Name of Hospital City/Location Phone

Incident Description: Describe in detail events leading to injury/incident and what you did.
Were medical advice and/or emergency transport required? (continue on reverse if necessary).

Name of adult directing activity Title Phone #

Complete address Troop/group# Service Unit

Signature of adult directing activity

Date of report

Accident/Incident Report

Witnesses:

Name # 1 Phone #

Address City Zip

Name # 2 Phone #

Address City Zip

Name # 3 Phone #

Address City Zip

Additional Information:

You MUST submit this report to GSGLA within 72 hours of the accident/incident

RiskManagement@girlscoutsla.org

GSGLA

Attn: Risk Management

801 S. Grand Ave Suite 300, Los Angeles, CA 90017

If you need additional guidance please call Customer Care at 213-213-0123