girl scouts greater los angeles

Name

Parent/Guardian's Name

GSGLA COVID-19 Notification Report

Registered Member?

Yes

No

GSGLA is committed to providing a safe environment for our members. As we begin to resume in-person activities, it is important that we follow national, state, and local guidance to help minimize the spread of COVID-19.

If your Girl Scout or a member in your family is diagnosed with COVID-19 and has potentially exposed others during a Girl Scout event or activity, please complete the form below. Do not share health information with others. After filling out the document, please email the completed form to covid19@girlscoutsla.org.

Tell us about the person/incident of exposure or positive COVID 19 test

Email	<u>. </u>	Phone				
Address	City	Stat	e	Zip		
ell us about the gathering where	they may have exposed others					
Name of Event	Date of Event					
Name of Event Venue	Were Venue Staff Present Yes No					
Venue Contact	Phone	Email				
Venue Address	City	State Zip				
ist all event attendees. Attach ad	ditional pages, as necessary.					
Last Name	First Name	Girl	Adult	Role at Event (participant, chaperone, driver, coordinator, etc.)		

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Tell us about yourself.

Name		Registered Member? Yes No		
Email		Phone		
Address	City	State	Zip	
Is there anything else to add?				
Signature:	ī	Date Submitted:		