

# Accident/Incident Report

Emergency After Hours Phone # 1-877-423-4752

**Keep this form with your Troop/Group first aid kit and Health Information and Release Forms.**

**Complete ONE report per Incident/Injury.**

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

or mail

Girl Scouts of Greater Los Angeles

Attn: Risk Management 1150 S. Olive St. Suite 600

Los Angeles, CA 90015

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Name of Injured Person

DOB/Age

Phone #

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Address

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City/State/Zip

Email

Troop # and/or Service Unit

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Date of Emergency

Time (am/pm)

Location

Were the Police contacted? Yes \_\_\_ No \_\_\_

Was a Police Report filed? Yes \_\_\_ No \_\_\_

**Incident Description:** Describe in detail the events leading to injury/incident and what you did.

Were medical advice and/or emergency transport required? (continue on reverse if necessary)

**Nature and Extent of Injury:**

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Name/Title of attending Medical Professional

Treatment given (use reverse if needed)

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Name of Hospital

City/Location

Phone #

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Name of Adult Directing Activity	Title	Phone #	Email
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Address	Troop/Service Unit #
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Signature of Adult Directing Activity	Date
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## Witnesses:

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#1 Name	Phone #	Email
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Address	City	Zip
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#2 Name	Phone #	Email
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Address	City	Zip
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#3 Name	Phone #	Email
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Address	City	Zip
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## Additional Information: