

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