Girl Scouts Louisiana East

Corporate Headquarters
841 S. Clearview Parkway, New Orleans, LA 70121-3119
(504) 733-8220 (800) 644-7571 F (504) 733-8219

www.gsle.org

Regional Service Center
545 Colonial Drive, Baton Rouge, LA 70806
(225) 927-8946 (800) 852-8421 F (225) 927-8402

Incident/Accident Report Form

(This form MUST be sent to Girl Scouts Louisiana East within 48 hours of the incident.)

CONFIDENTIAL

Type of incident: ❑ Accident ❑ Injury ❑ Illness ❑ Behavior ❑ Other _____

Date and time of incident _____ ❑ AM ❑ PM

Name of person involved _____ Age _____ Sex _____

_____ (_____)_____
Address, City, State, Zip Phone

_____ (_____)_____
Minor's Parent/Guardian Phone

Parent/Guardian notified on _____ _____ by whom _____
DATE TIME

If not notified, explain why _____

Detailed description of Incident: (Specify location, activity, step by step sequence of events, quotes, and a diagram of the scene. Describe any action taken and suggested follow-up action(s). Use additional sheets if needed. Attach copies of any letters, police reports, pictures or related documents.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Witnesses / Others Affected: (please attach a separate sheet with names, addresses, phone #, email)

Name _____ Phone (_____) _____

Name _____ Phone (_____) _____

Person preparing report _____ Position _____

Signature _____ Phone (_____) _____

Date, Time & Place report prepared _____

Action Taken _____

_____ _____
SIGNATURE DATE