## **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) 644-7571 F (225) 927-8402

Accident / Incident 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		
Date and time of incident		UAWIUPW
Name of person involved		_ Age Sex
		)
Address, City, State, Zip		Phone
Minor's Parent/Guardian	(	) Phone
Parent/Guardian notified on	hy whom	
Parent/Guardian notified on DATE TIM	by whom E	
If not notified, explain why		
diagram of the scene. Describe any action taken and sugges needed. Attach copies of any letters, police reports, pictures		se additional sheets ii
Witnesses / Others Affected: (please attach a separat		,
Name		
Person preparing report		/ Position
Signature		
Date, Time & Place report prepared		
Action Taken		
SIGNATURE	-	DATE