

Accident/Incident Report (AIR)

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

Keep this form with your Troop First-aid Kit and Health Information and Release Forms

Complete ONE (AIR) per Incident/Injury

1. Follow directions in Volunteer Essentials and/or Emergency After Hours Call Card (pink card)
2. Email (AIR) within 72 hours to: RiskManagement@girlscoutsla.org

or Mail

Girl Scouts of Greater Los Angeles

Attn: Risk Management 423 N La Brea Ave Inglewood, CA 90302

Name of Injured Person

DOB/Age

Phone #

Address

City/State/Zip

Email

Troop # and/or Service Unit

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:

Name/Title of attending Medical Professional

Treatment given (use reverse if needed)

Name of Hospital

City/Location

Phone #

Accident/Incident Report

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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:

#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: