



**Girl Scouts of the Sierra Nevada
Accident/Incident Report**

Girl Scout Leader Statement:

Troop Number _____ Level _____ Girl _____ Adult _____

Report Concerning: Name _____

Address: _____ City/St: _____ Zip: _____

Date & place of accident _____

Nature & details of injury: _____

Type of activity/event: _____

Was parent notified? _____

Parent response _____

Troop Leader signature _____ Date _____

Return to:
**Girl Scouts of the Sierra Nevada
Chief Executive Officer
605 Washington St., Reno, NV 89503**