

Girl Scouts
Heart of Central California

INJURY OR ILLNESS REPORT TO PARENT/GUARDIAN

Name of event: _____ Date/time of injury/illness: _____

Name of participant: _____

Describe injury or illness: _____

Action taken: _____

Comments: _____

Date report completed: _____ First Aider/Health Supv: _____

TOP COPY - attach to Health Log

BOTTOM COPY - Send home with participant

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