



Pennsylvania DeMolay

INCIDENT REPORT FORM

This form should be completed all injuries, accidents, or other significant incidents at PA DeMolay Sponsored events, whether at the Masonic Conference Center or elsewhere. Any injury requiring medical attention should ALWAYS be reported. Local Chapters may use this form or one of their own design. Please be as detailed and complete as possible in filling in this form. A copy of this form should be submitted to Pennsylvania DeMolay, and one kept for your Chapter's records.

Date of Incident _____ Time of Incident _____ Group/Event _____

Name and Address of Person(s) Involved _____

Location of Incident _____ on grounds/off grounds

Description of Incident _____

(use additional pages if necessary)

Was the injured person(s) a minor? _____ If so, was a signed medical release on site? _____

Were parents/guardians contacted? _____ When and by whom? _____

Was EMS Activated? If so, indicate services responding. _____

If EMS activated, was PYF/MCC on-call staff notified? _____

Witnesses to Incident

NAME	ADDRESS	TELEPHONE	ADULT/MINOR
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Disposition *(list treatment or first-aid administered, administrative action taken, referrals for care)*_____

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Additional comments or information_____

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REPORT FILED BY:

Name_____

Title_____

Address_____

Telephone_____

Signature_____Date of Report_____

Please file report with ***Pennsylvania DeMolay***, 1244 Bainbridge Road, Elizabethtown, PA 17022;
Phone: 717-367-1536; FAX: 717-367-0616.