

# **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.*

### **Incident Information**

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_ Event \_\_\_\_\_

Location of Incident \_\_\_\_\_

Description of Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(use additional pages if necessary)*

### **Youth Present**

**NAME**

**ADDRESS**

**TELEPHONE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Adult Supervisors Present**

**NAME**

**ADDRESS**

**TELEPHONE**

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**Other Witnesses to Incident**

**NAME**

**ADDRESS**

**TELEPHONE**

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**Disposition** *(list treatment or first-aid administered, administrative action taken, referrals for care)*

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**REPORTER INFORMATION**

Name\_\_\_\_\_

Address\_\_\_\_\_

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Telephone\_\_\_\_\_

Signature\_\_\_\_\_ Date of Report\_\_\_\_\_