

Massachusetts DeMolay

INCIDENT REPORT FORM

This form should be completed all injuries, accidents, or other significant incidents at MA DeMolay Sponsored events. 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 Massachusetts DeMolay, and one kept for your Chapter's records.

Date of Incident _____ Time of Incident _____ Event _____

Location of Incident _____

Description of Incident:

(use additional pages if necessary)

Youth Present

Name

Address

Telephone

Adult Supervision Present

Name

Address

Telephone

Other Witnesses to Incident

Name

Address

Telephone

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

REPORTER INFORMATION

Name _____

Address _____

Telephone _____ E-Mail Address _____

Signature _____ Date of Report _____