



***Pennsylvania DeMolay***  
***INCIDENT REPORT***

*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 PMYF/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.