|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DeMolay InternationalJurisdiction of Illinois | **Accident/Injury Report**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Injury: |       | Medical Treatment | [ ]  |
| Time of Injury: |       | First Aid Only | [ ]  |

 |
| Name of Injured:      | Home Address:      |
| City      | State   | Zip      | Telephone      | Age   | Male [ ] Female [ ]  |
| Chapter (or Guest)      | Member ID      | State/Chapter Event      |
| Describe how the injury occurred: (Identify the who, what, when, where and why the accident/injury occurred)       |
| Was Hospitalization Required? [ ] -No / [ ] -Yes Hospital:      Transported by: [ ] -Car / [ ] -Ambulance Parent Notified? [ ] -No / [ ] -Yes |
| **Please check off the most appropriate “Type of Accident/Illness”, “Type of injury”, and “Part of Body”** |
| Type of Accident/Illness:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] -Fall/Slip[ ] -Caught Between | [ ] -Caught In[ ] -Struck By | [ ] -Stuck Against[ ] -Contact With | [ ] -Exposure[ ] -Stepped On | [ ] -Loss of BalanceOther:       |

 |
| Type of Injury:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ] -Allergic Reaction[ ] -Abrasion[ ] -Amputation[ ] -Bruise | [ ] -Burns[ ] -Contusion[ ] -Cut/Laceration[ ] -Electric Shock | [ ] -Fracture[ ] -Freezing[ ] -Foreign Body[ ] -Heat Stroke | [ ] -Heart Attack[ ] -Hernia[ ] -Hearing Loss[ ] -Infection | [ ] -Puncture[ ] -Rash[ ] -Sprain/StrainOther:       |

Describe Injury:       |
| Part of Body Injured/Illness: Please insert the appropriate letter to identify the left (L) or right (R) body part or side.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| \_ -Head\_ -Arm\_ -Hips | \_ -Face\_ -Elbow\_ -Leg | \_ -Eye\_ -Wrist\_ -Thigh | \_ -Ear\_ -Hand\_ -Knee | \_ -Nose\_ -Finger\_ -Ankle | \_ -Mouth\_ -Thumb\_ -Foot | \_ -Teeth\_ -Back\_ -Toe | \_ -Shoulder\_ -Chest\_ -Multiple Injuries |
| Other:       |

 |
| Disposition of Injured Person:       |
| Witnesses:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Telephone: |       |
| Name: |       | Telephone: |       |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Report Completed By: |       | Telephone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Advisor In Charge: |       | Telephone: |       |

Mail/Email Completed form to: Illinois DeMolay • 4681 Appell Ln • Cherry Valley, IL 61016-9132 / EO@ILDeMolay.org |