|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DeMolay International  Jurisdiction 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 Balance  Other: | | | | | | | |
| 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/Strain  Other: |   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](mailto:EO@ILDeMolay.org) | | | | | | |