

Michigan District Royal Rangers

Health & Safety Incident / Accident Form

Event: _____ Date of Incident: _____

Location: _____ Time of Incident: _____ AM PM

Person Involved _____ Age _____ Sex M F

Address _____

City _____ State _____ Zip _____

Church _____ OP# _____

Name of Commander Responsible _____

Description of Incident / What happened?

Description of Injury / Location of Injury on person

Witnesses to incident: _____

Examination and Treatment Refused? YES NO First Aid Given? YES NO

First Aid Given by: _____

Description of First Aid applied:

Further Care Indicated? YES NO

Emergency Medical System Activated? YES NO Who was Notified? _____

Time of Notification: _____ AM PM

Emergency or Follow up Care

This Report made by: _____ Date: _____