

# Event Report

*This form is to be completed and forwarded to the Council Service Center immediately following an event at a Scouting activity or on Council Property.*

- Definition of Event:**
1. Illness or injury requiring professional medical attention, and /or early dismissal from a Scouting activity.
  2. Instances where law enforcement officials have been contacted.
  3. Instances involving personal or Juniata Valley Council property damage or loss in excess of \$250.00.

Date of Event \_\_\_\_\_ Time of Event \_\_\_\_\_ am / pm (circle one)

Name of Person(s) Involved \_\_\_\_\_ Age \_\_\_\_\_

Parent Name (if a minor) \_\_\_\_\_ Phone Number \_\_\_\_\_

Unit / Group Leader \_\_\_\_\_ Phone Number \_\_\_\_\_

Pack / Troop / Crew / Post / District / Council / Outside Group, Organization or individual \_\_\_\_\_  
*(Circle as applies)*

Witness \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Witness \_\_\_\_\_ Age \_\_\_\_\_ Phone Number \_\_\_\_\_

Location of Event \_\_\_\_\_  
*(I.e. Seven Mountains – Activity Field)*

What happened? \_\_\_\_\_  
*(I.e. Found using an ATV on Camp Property, person fell and was injured)*

Describe any injuries \_\_\_\_\_  
*(Person injured, injuries, treatment, Hospital where taken)*

Describe any property damage \_\_\_\_\_

Describe Action Taken \_\_\_\_\_  
*(Contacted local (name) law enforcement agency, administered first aid)*

Other Information That May Be Helpful \_\_\_\_\_

Person Completing This Report \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date Submitted \_\_\_\_\_

**NEVER TALK TO THE MEDIA.**

**ALL MEDIA INQUIRIES SHOULD BE DIRECTED TO JIM KENNEDY**