HEALTH & SAFETY THIS REPORT MUST BE FILLED PRIOR TO ANY DISTRICT OR COUNCIL EVENT

Check one: () Council	or () District
Name of Activity	Date(s)
Location:	
Estimated Number of Participants: Ad	ultYouth
Activity/Event Chairman:	Phone #
Person in Charge of First Aid:	Phone #
Qualifications:	
Health & Safety Chairman for Event: _	Phone #
Emergency Transportation Type) ***If Possible, pla	ease avoid use of private vehicles***
Designated Driver:	Phone #
Name of Ambulance Service:	
***i.e. Volunteer	Ambulance, Fire Company, etc. ***
Name of Hospital Individual would like	ly be taken:
District or Council Executive: ***i.e. Proj	Phone # fessional Scouter for Event***
IN CASE OF A SERIO	US or FATAL ACCIDENT REPORT TO:
Scout Executive: Mic	hael Surbaugh Office: (412) 325-7979
Staff Advisor:	Office: (412) 471-2927 Home:

DO NOT GIVE INFORMATION TO ANYONE CONCERNING THE SITUATION, ALL RELEASES MUST BE MADE BY THE SCOUT EXECUTIVE OR COUNCIL PRESIDENT

** NOTE: THIS INFORMATION SHEET IS TO BE COMPLETED TWO WEEKS PRIOR TO EVENT. RETAIN ORIGINAL AND SEND A COPY TO THE SCOUT SERVICE CENTER.