

## Notice of Injury

<b>Organization</b>	Name: _____ Address: _____
<b>Time and Place of Injury</b>	Date of Injury: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Where did it occur? _____
<b>Person Injured</b>	Name: _____ Age: _____ Address: _____ Telephone: _____ Name of parents/guardians (if a minor): _____ Employer: _____ Injuries sustained: _____ Where was injured taken? (hospital/doctor): _____ Relationship to organization: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Other If injury occurred on insured's premises, for what purpose was the injured on the premises? _____ Who was responsible for supervision at the time of injury? _____ If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____ Does the injured party have personal medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medical insurance company: _____
<b>Full Description of Injury</b>	_____ _____ _____ _____
<b>Witnesses</b>	Name: _____ Telephone: _____ Address: _____ Name: _____ Telephone: _____ Address: _____

Signature: \_\_\_\_\_ Date of report: \_\_\_\_\_

Please fill out form on reverse

**Response**

How and when was a parent/guardian notified? \_\_\_\_\_

\_\_\_\_\_

Were medical personnel consulted or notified? Yes No

If yes, note name, qualifications and treatment given, if any. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the injured taken to the hospital? Yes No

If yes, Hospital Name: \_\_\_\_\_

If yes, explain why, and who transported. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Church Position/Title: \_\_\_\_\_