

Notice of Injury (version 11)

Date of Injury: _____ Time: _____ AM PM
Where did it occur? _____

Name of injured: _____ Age: _____
Address: _____
Telephone: _____ Email: _____
Name of Parent/guardian(s) (if minor) _____
Injuries sustained: _____
Where was injured taken? (hospital/doctor, etc): _____
Relationship to organization: Member Visitor Volunteer Employee
 Student/participant Other

If injury occurred on Peace 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 Peace Church operations or activities? _____

Does the injured party have personal medical insurance? Yes No

Name of medical insurance company: _____

Full Description of Injury:

Witnesses:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Submitter: _____ Date of report: _____

Please Print

Signature: _____

Submit to Peace Church Office when completed