

Notice of Injury

Name of Injured: _____

Address: _____

Date of Injury: _____ Time of Injury: _____ AM PM

Where on the premises did the injury occur? _____

Person Injured

Name: _____

Address: _____

Name of parent/guardians (if a minor): _____

Employer: _____

Injuries Sustained: _____

Where was injured take? (hospital/doctor): _____

Relationship to Valley Baptist Church: Member Visitor Volunteer Employee Contractor

Other: _____

If injury occurred at Valley Baptist Church, for what purpose was the injured on the premises? _____

Who was responsible for supervision at the time of injury? _____

If the injury occurred elsewhere, what connection did it have with Valley Baptist Church activities?

Does the injured party have personal medical insurance that could apply? _____

Name of medical insurance company: _____ -

Full Description of the Incident: _____

Notice of Injury

Witnesses

Name: _____

Address: _____

Name: _____

Address: _____

Report Writer:

Signature: _____

Printed Name: _____

Date: _____