



First Presbyterian Church

Incident/Injury Report Form

PERSON INVOLVED / INJURED

Child's Name: _____ Age: _____

Address: _____ Phone: _____

Name of parents / guardians _____

Injuries sustained: _____

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

Relationship to church: Member Visitor Volunteer Employee Other (explain): _____

If incident/injury occurred on insured's premises, for what purpose was the injured on the premise?

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

If incident/injury occurred elsewhere, what connection did it have with the insured's operations or activities?

Does the injured party have personal medical insurance? Yes No

Name of medical insurance company: _____

TIME AND PLACE OF INJURY/INCIDENT

Date: _____ Time: _____ AM _____ PM _____

1) Witness to Incident: _____ Phone: _____

Address: _____

2) Witness to Incident: _____ Phone: _____

Address: _____

Parents Notified by: _____

Date/Time Parents Notified: _____ / _____ AM _____ PM _____

Description of How and Where Injury/Incident Occurred & First Aid Received: _____

Steps Taken to Prevent Reoccurrence: _____

Signature of Staff Member _____ Date _____

Signature of Parent / Guardian _____ Date _____