

INJURY NOTIFICATION FORM FOR CHURCH OFFICE

Name of injured child _____ Date _____

Age _____ Gender _____

Name of Parent(s) _____ Phone _____

Describe how child was injured. Include the location, names, actions of all children, and adults involved. Be as detailed as possible. _____

Describe the child's injuries. _____

Describe actions taken to treat the injuries. _____

How and when was the parent notified? _____

List the names and phone numbers of witnesses to the accident.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Additional Comments _____

Your name _____ Phone _____

Address _____ Email _____

INJURY NOTIFICATION FORM FOR PARENTS

Date _____

Name of child _____

What happened _____

Your child was given aid by _____ (name of adult)

Your child was helped in the following ways _____

Please call me if you have any questions or comments.

Your name _____ Phone _____