

**CENTRAL UNITED METHODIST CHURCH
REPORT OF ACCIDENTS AND INJURIES**

<p>Time and Place of Injury</p>	<p>Date of injury: _____ Time _____ <input type="checkbox"/> AM <input type="checkbox"/> PM</p> <p>Where did it occur? _____</p>
<p>Person Injured</p>	<p>Name: _____ Age: _____</p> <p>Address: _____ Telephone: _____</p> <p>Relationship to Central UMC: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Other</p> <p>Name of parents/guardians: _____</p> <p>Parent/guardian notified: _____ Time notified: _____</p> <p>Injuries sustained: _____</p> <p>Emergency treatment given by whom? _____</p> <p>Where was injured taken? (hospital/doctor): _____</p> <p>Transportation used: (ambulance/private car): _____</p> <p>For what purpose was the injured on the premises? _____</p> <p>Who was responsible for supervision at the time of the injury? _____</p>
<p>Full Description of Incident (use other side if necessary)</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Witnesses</p>	<p>Name: _____ Telephone: _____</p> <p>Address: _____</p> <p>Name: _____ Telephone: _____</p> <p>Address: _____</p> <p>Name: _____ Telephone: _____</p> <p>Address: _____</p>

Signature of person filing report

Date