CROSSROADS CHURCH CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS APPENDIX E

NOTICE OF INJURY FORM

TIME AND PLACE OF INJURY	OF INJURY Date of Injury:	
	Time:	AM / PM
	Where did the injury occur?	
	Which Crossroads regional hub?	
PERSON INJURED	Name:	
	Address:	
	Age:	
	Phone:	_
	Name of parents/guardians (if a m	ninor):
	Injuries sustained:	
	Where was the injured taken (hos	pital/doctor)?
	If injury occurred on insured's preinjured on the premises?	
	Who was responsible for supervis	sion at the time of injury?

	Does the injured party have personal medical insurance that could apply?
	Yes / No
	Name of medical insurance company:
FULL DESCRIPTION OF	
INCIDENT	
	
WITNESSES	Name:
	Phone:
	Name:
	Phone:
Completed by:	
Date:	