

# *CHILDREN'S MINISTRY*

## *NOTICE OF INJURY*

**Purpose of Form:**

This form is to be used to document any /all incidents where a child, youth, or teenager has been injured on the Voices of Faith campus or off-site during any/all Children's Ministry related activities, events, or functions. This form will merely serve as prove of an accident occurring and what treatment was received by the youth(s) who were involved.

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Where did injury occur: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Injuries sustained: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was child taken to the hospital:  No  Yes ( If yes, where was child taken ) \_\_\_\_\_

\_\_\_\_\_

Who was responsible for the supervision at the time of the injury: \_\_\_\_\_

Does the injured youth have personal medical insurance that could apply ?  Yes  No

Name of the medical insurance company: \_\_\_\_\_

Witnesses or Others involved:

Please give a detailed description of what you actually saw happen with the injured party.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_