



# College Church

Proclaiming the Gospel

## Notice of Incident or Injury

(PLEASE PRINT ALL ANSWERS LEGIBLY IN ENGLISH)

Name of Injured Person: \_\_\_\_\_ Age or Date of Birth: \_\_\_\_\_

Name of Parents or Guardians (if a minor): \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Relationship to College Church: Member/Regular Attender \_\_, Employee \_\_, Volunteer \_\_, Student \_\_

ESL Staff \_\_, ESL Student \_\_, Other \_\_ (EXPLAIN) \_\_\_\_\_

Attending an Event \_\_ (WHAT EVENT) \_\_\_\_\_

Name of the individual responsible for supervision: \_\_\_\_\_

Date of Incident: (dd/mm/yy) \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM or PM  
(Circle One)

Location of Incident: (BE SPECIFIC) \_\_\_\_\_

Injuries Sustained: \_\_\_\_\_

Did the injured person require medical care? Yes \_\_\_ NO \_\_\_

• Was First Aid administered? Yes \_\_\_ NO \_\_\_ By Whom? \_\_\_\_\_

Describe the first-aid/medical attention that was administered: \_\_\_\_\_

• Was the AED administered? Yes \_\_\_ NO \_\_\_ By Whom? \_\_\_\_\_

• Was CPR administered? Yes \_\_\_ NO \_\_\_ By Whom? \_\_\_\_\_

• Was 911 Called? Yes \_\_\_ NO \_\_\_ By Whom? \_\_\_\_\_

Injured Party was transported to the hospital by: Ambulance \_\_\_ Personal Vehicle \_\_\_ Not Transported \_\_\_

Did the injured person refuse medical attention? Yes \_\_\_ NO \_\_\_

Were family members present? Yes \_\_\_ NO \_\_\_ Name(s): \_\_\_\_\_

Were the police called? Yes \_\_\_ NO \_\_\_ By Whom: \_\_\_\_\_

Was a police report filed? Yes \_\_\_ NO \_\_\_ Officer's Name: \_\_\_\_\_

*Turn Page Over and Complete Back Side*

Return completed form to Nancy Singer, Director of Administration & Finance, at College Church  
332 E. Seminary Avenue, Wheaton, Illinois 60187. Phone: (630) 668-0878

**Report serious injuries immediately. Return completed form within 24 hours of the incident.**

**Notice of Incident or Injury**

(Continued)

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How did the injury happen? Explain in your own words what happened. Please include as much detail as possible; describing the incident in the order it occurred. Use additional pages if necessary.

Were staff members present? Yes \_\_\_ NO \_\_\_ Name(s): \_\_\_\_\_

Were there witnesses? Yes \_\_\_ NO \_\_\_ If Yes, provide name, address, phone & email.

	Name of Witness	Street Address	City, State, Zip	Phone
Witness 1				( )
Witness 2				( )
Witness 3				( )

Comments:

Name of the person preparing this report: \_\_\_\_\_

Date of Report: \_\_\_\_\_

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