

# INJURY REPORTING FORM

Bell Shoals Baptist Church Apollo Beach Campus  
Church/School Liability - Medical

Date of Accident/Incident \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ am  pm

Name of Injured \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ or \_\_\_\_\_

Name of Insured Person \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ or \_\_\_\_\_

Date of Birth \_\_\_\_\_ Church or School? \_\_\_\_\_ Class \_\_\_\_\_

Person to contact (Parent or Guardian, if Minor) \_\_\_\_\_

Contact's Home Phone \_\_\_\_\_ Business \_\_\_\_\_

Health Ins. Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Injuries Received \_\_\_\_\_

Location of Accident/Incident (Include City/State) \_\_\_\_\_

How did Accident/Incident Happen? (BE SPECIFIC) \_\_\_\_\_

Witnesses \_\_\_\_\_

If Initial Treatment was given, where? (Name & Address) \_\_\_\_\_

Injury reported by \_\_\_\_\_ Date \_\_\_\_\_

(Include Title/Position) \_\_\_\_\_

Ministry Area Involved \_\_\_\_\_

**TURN IN FORM TO TERESA COPE c/o Preschool & Children's Minister**

Parents Notified (if a child under 18)

Copy to Ministry area

Hospital Minister

Date Faxed to Guide Stone Insurance Co. \_\_\_\_\_