

Ashland Baptist Church

Notice of Incident

Organization:		
Name:		
Address:		
Time and Place of Incident:		
Date:	Time:	AM PM
Where did the incident occur?		
Personal Information:		
Name:		
Address:		
Age:		
Telephone:		
Name of parents/guardians (if a minor):		
Employer:		
Injuries sustained (if any):		
Where was injured taken? (hospital/doctor):		
Relationship to organization: Member Visitor Volunteer		
Employee		
Student/Camper Tenant/Resident Other		

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Why was the person on the premises?	
Who was responsible for supervision at the time?	
Is there medical insurance that could apply? Yes No	
Name of medical insurance company:	
Full Description of Incident:	
Witnesses:	
Name:	Telephone:
Address:	
Name:	Telephone:
Address:	