

OFFICE USE ONLY:

Reviewed: _____

Initial: _____ Date _____

Hold in Retention for 3 years

Evergreen Christian Community/School

Kids Injury Report Form

Date: _____

Name of injured/ill person: _____

Date of birth: _____

Parents Name(s): _____

Cell Phone: _____ Address: _____

Nature of injury or illness: _____

Was EMS/911 called? If yes, which hospital were they transported to?

If injury, date & time accident occurred: _____

How did it happen? _____

Name of person at ECC/ECS first notified: _____

Has parent or guardian been contacted? _____

Any further comments: _____

Signature & printed name of person filling out form

Date

Signature & printed name of ministry pastor

Date