

**FRIENDSHIP BAPTIST CHURCH**  
**Ministry Risk Management**  
**Notice of Injury**

<b>Auxiliary/Ministry:</b>	
<b>Event and Member Responsible:</b>	
<b>Date, Time, Place of Event:</b>	
<b>Person Injured:</b>	Name: _____ Age _____ Address: _____ Telephone Number: (____) _____ Name of Parents (Child 18 of Age): _____ Relationship to Church: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Other _____ Employer: _____ Injury Sustained: _____ Injured taken? (Hospital/Doctor): _____ Possesses Personal/Family Medical Insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Name of Medical Insurance Company: _____
<b>Description of Incident:</b>	_____ _____ _____ _____ _____
<b>Witnesses:</b>	Name: _____ Telephone Number: (____) _____ Name: _____ Telephone Number: (____) _____ Name: _____ Telephone Number: (____) _____

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 Signature of Person Taking Report

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 Date of Report