

Notice of Injury

Organization

Name: _____

Address: _____

Time and Place of Injury

Date of Injury: _____ Time: _____

Where did the injury occur? _____

Person Injured

Name: _____ Age: _____

Address: _____

Telephone: _____

Name of parents/guardians (if a minor): _____

Injuries sustained: _____

Where was the injured taken? (hospital/doctor): _____

Full Description of Incident

Witnesses

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

Signature: _____ Date: _____