

ACCIDENT/INJURY REPORT		
Injured Parties Name :	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date and Time of Injury:	Phone Number: ()	
Mailing Address:		
Parent/Guardian Information (If under 18yr)		
PRINT - Parent/Guardian Name: _____		
Date Parent was notified: _____ Parent Signature: _____		
Phone & Mailing info. for parent ONLY if different from above: _____ _____		
Place at time of incident: <input type="checkbox"/> Life Center Church <input type="checkbox"/> Life Christian Academy		
<input type="checkbox"/> Other Location: _____		
Witness: (If any)		
Name: _____		Phone Number: _____
Witness comments:		
First aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: _____		
Hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No Hospital: _____		
PCP Name: _____		Phone: _____
Nature of injury?		
How did incident occur?		
Any weather conditions or sports related to incident?		
Person completing this form		Date:
Print Name: _____	Your Title: _____	Phone: _____
- Do Not Write Below This Portion-		
Notice: Upon completion of form, submit to Peter Spargo or Aly Gomez NOT to exceed 7 Business Days after incident. To contact please call 253.756.5300		
Received by (Print): _____	Sign: _____	Date: _____