

St. Matthews Injury or Possible Injury Report

Information

Name of injured person			Date of Occurrence		
			Work phone ()		
Address			Home phone ()		
City	Province	Postal Code	Cell phone ()		

Location of occurrence *Be as specific as possible*

Surface *check all that apply*

- Asphalt Concrete Gravel Ice/snow Mat(s) Synthetic surface Tile
 Carpet Dirt Lawn or grass

Other *specify*

Type of injury *check all that apply*

	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/scrape																													
Bite																													
Bump/swelling																													
Bruise																													
Burn/scald																													
Cut/laceration																													
Dislocation																													
Fracture																													
Pain/tenderness																													
Puncture																													
Sprain																													
Other																													

Contributing factors *check all that apply*

- Animal bite Compression/pinch Fall Overextension/twisted Struck by object
 Collision with object Contact with hot or toxic substance Foreign body/object Physical Altercation Tripped/slipped
 Collision with person Drug, alcohol or other substance involved Hit with thrown object Struck by auto, bike, etc.

Weapon *specify*

Other *explain*

Description of the occurrence

Please submit completed form to the Church office

Witnesses to the occurrence (list everyone present)

Name (please print)	Contact information

Was a witness statement taken? Yes No Attach witness statements to this form. Number of pages attached _____

Occurrence response *check all that apply*

<input type="checkbox"/> First Aid	Time	By whom <i>List all names</i>	
<input type="checkbox"/> Called 911	Time	By whom <i>List all names</i>	
<input type="checkbox"/> Parent/guardian/relative notified	Time	By whom	Person Contacted
<input type="checkbox"/> Unable to contact parent/guardian/relative	Time	By whom	Attempted to contact
<input type="checkbox"/> Parent/guardian/relative deemed no medical attention necessary	Time	By whom	Person Contacted
<input type="checkbox"/> Taken to health care provider/ clinic/hospital/urgent care	Diagnosis		
<input type="checkbox"/> Hospitalized	Diagnosis		
<input type="checkbox"/> Other <i>explain</i>			

Describe care provided

Additional comments

Signature of person completing form	Please print your name	Date/time
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Office Procedure
 Retain completed form and attachments in the Accident / Injury file for future reference. Submit the completed form to St. Matthews' insurance provider only if requested by the insurance provider or if there is a high probability of litigation. Submission requires approval of the Church Board. Board approval is required prior to disposing of or destroying a completed form. Forms must be shredded when discarded.

Privacy Statement
 We, at St. Matthews (Kitchener) Lutheran Church, recognize the importance of your privacy and the sensitivity of the personal information that we may have concerning any individual. As a Church we have an obligation to keep confidential all information we receive from you. We are committed to safeguarding the personal information we have.