

# CAMAS ASSEMBLY OF GOD CHURCH

## Accident/Injury Form

Name of Injured: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Insurance Co: \_\_\_\_\_

Date of accident/injury: \_\_\_\_\_ Time: \_\_\_\_\_

Location of accident/injury: \_\_\_\_\_

Please describe the accident/injury (cause or circumstances):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken (*check all that apply*):

First Aid received - *describe*: \_\_\_\_\_

Taken to hospital       By ambulance       By car – *by who?* \_\_\_\_\_

Taken to doctor's office – *by who?* \_\_\_\_\_

Name of doctor/office: \_\_\_\_\_ Phone #: \_\_\_\_\_

Names of witnesses:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

