Norway Lutheran Church

Incident / Injury Report

Date of Incident: _____ Approximate Time of Incident: _____

Name of Ill or Injured Person: _____

If a minor, which parent or guardian was notified? _____

Time Notified: _____ Notified By Whom? _____

Witnesses to Incident: _____

Location of Incident: _____

Description of Incident: _____

_____

_____

Medical Care Provided (Including Meds): _____

_____

_____

_____

Name of Person(s) Providing Care: _____

Was 9-1-1 Called? Yes No Called By: _____

Signature of Member Completing Report: _____

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Follow Up Details: _____

_____

_____ Date: _____

Original: NLC Office Redacted Copy: NLC Security & Safety Team