

Was the injured person seen by the parish nurse? _____ If so, at what time? _____

Nurse's assessment: _____

Signature of nurse: _____

Was the injured person taken to a doctor? _____ If so, at what time? _____

Was an ambulance or 911 called? _____ If so, at what time? _____

Was the guardian called (if applicable): _____ If so, at what time? _____

Other action taken: _____

Witness(es) to incident: _____

Phone number(s) for witness(es): _____

Follow up call (include date, notes, and person making the call: _____

Please take pictures of injury, location, or anything else that may help to document the incident.

Person filling out report: _____

Signature: _____ Phone: _____

*****Please fill out report COMPLETELY and in as much detail as possible.*****

Turn in completed report to the Nancy Hitt, Church Administrator.

Email pictures to Nancy@HudsonFirstUMC.org

For questions regarding this form, contact Nancy Hitt, Church Administrator, Hudson First United Methodist Church, 13123 U.S. Highway 19, Hudson, FL 34667.

Phone: (727) 868-6178

Email: Nancy@HudsonFirstUMC.org