

PROCEDURE:

If an injury is serious or life threatening, call 911, situations include, but aren't limited to, the following conditions:

Choking	Lack of balance or inability to walk	Profuse sweating
Unconsciousness or severe disorientation	Seizures or convulsions	Severe abdominal pain
Severe bleeding	Difficulty breathing	Any other problem you feel might be an emergency
Hot, dry skin	Chest pain or discomfort	

File an incident report any time there is a fall, injury or other mishap that may potentially become an issue.

Any person experiencing an incident or witnessing it is responsible for reporting it.

Report forms can be obtained from the church office or event leaders of off-site events.

Completed forms are to be turned into the church office

The Business Manager will monitor the reports for trends and report to the appropriate church body any actions that need to be taken

Completed forms will be filed in the church office for future reference.

Incidents required to be reported to the church's insurance company will be handled by the Business Manager and reported to the church council.

INCIDENT REPORT / NOTICE OF INJURY¹

Organization	Rejoice Lutheran Church, 0N377 N Mill Creek Drive, Geneva, IL 60174
Time and Place of Injury	Date of Injury: Time: <input type="checkbox"/> AM <input type="checkbox"/> PM Where did the injury occur?
Person Injured	Name: Age: Address: Phone: Name of parents/guardians (if a minor): Employer: Injuries sustained: Where was injured taken? (hospital/doctor): Relationship to Rejoice: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Other If injury occurred on Rejoice premises, why was the injured on the premises? Who was responsible for supervision at the time of injury? If the injury occurred elsewhere, what was the connection to Rejoice activities? Does the injured person have medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Medical Insurance Company:
Full Description of the Incident
Witnesses	Name: Phone: Address: Name: Phone: Address:

Signature: Date of Report:

¹ Copies of this form can be downloaded from rejoiceinthmission.org/incident