

## **Policy on Reporting Injuries at United in Faith**

This policy pertains to the reporting of injuries in United in Faith's buildings and parking lot. This includes the East Building (Worship Center) at 6525 W. Irving Park Road, Chicago, IL and the West Building at 6535 W. Irving Park Road, Chicago, IL.

### **The following procedure will be followed when an injury occurs at United in Faith:**

1. The immediate medical needs of the injured person will be addressed. Persons who have received an injury that is obviously minor should be given first aid as needed at the time of injury. A First Aid kit is available in the kitchen of the East Building (Worship Center). The individual's parents, guardians or emergency contact should be notified immediately if the injured is a minor child. Any injury that may require medical treatment beyond simple first aid should be given immediate attention. If warranted by the injury, emergency medical personnel should be called and the emergency contact (if available) should be contacted.
2. Complete a "01I UiF Notice of Injury" form (copy attached and additional copies available in church office).
3. The completed "UiF Notice of Injury" form must be forwarded to the Office Administrator. A member of the Executive Committee should be notified immediately, either by telephone or electronically or in person. The Executive Committee will notify the Insurance Coordinator.

Attachment: 01I UiF Notice of Injury.doc

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## United in Faith Notice of Injury

Name of reporter: \_\_\_\_\_ phone #: \_\_\_\_\_

Address of reporter: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_ AM PM

Where did injury occur: \_\_\_\_\_

Name of injured: \_\_\_\_\_ phone #: \_\_\_\_\_

Address of injured: \_\_\_\_\_

Name of parents/guardians (if a minor): \_\_\_\_\_

Injuries sustained: \_\_\_\_\_

Where was injured taken (what hospital or doctor?) \_\_\_\_\_

Relationship to UiF: Member Visitor Volunteer Staff Other

For what purpose was the injured on the premises? \_\_\_\_\_

Who was responsible for supervision at the time of injury? \_\_\_\_\_

Does the injured have personal medical insurance that could apply? YES NO

Name of medical insurance company: \_\_\_\_\_

Description of the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness1 name: \_\_\_\_\_ Witness1 phone #: \_\_\_\_\_

Witness1 address: \_\_\_\_\_

Witness2 name: \_\_\_\_\_ Witness2 phone #: \_\_\_\_\_

Witness2 address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date of report: \_\_\_\_\_