

**CROSSROADS CHURCH**  
**CODE OF CONDUCT FOR THE PROTECTION OF CHILDREN, YOUTH, AND VULNERABLE ADULTS**  
**APPENDIX E**

**NOTICE OF INJURY FORM**

**TIME AND PLACE OF INJURY**

Date of Injury: \_\_\_\_\_

Time: \_\_\_\_\_ AM / PM

Where did the injury occur? \_\_\_\_\_

Which Crossroads regional hub? \_\_\_\_\_

**PERSON INJURED**

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of parents/guardians (if a minor):

\_\_\_\_\_

Injuries sustained:

\_\_\_\_\_

\_\_\_\_\_

Where was the injured taken (hospital/doctor)?

\_\_\_\_\_

If injury occurred on insured's premises, for what purpose was the injured on the premises?

\_\_\_\_\_

\_\_\_\_\_

Who was responsible for supervision at the time of injury?

\_\_\_\_\_

