

**MEDICAL/INJURY REPORT  
PLEASANT GROVE BAPTIST CHURCH**

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

Gender: M F      Coordinator: \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time \_\_\_\_\_

Describe Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe Treatment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time Parents/Guardian Were Notified: \_\_\_\_\_ How Were They

Contacted? \_\_\_\_\_

Did Child Leave Event Early? Yes No If Yes, how? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Reporting

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date