



**Mt. Gilead Full Gospel International Ministries**  
**Bishop Daniel Robertson, Jr.**  
**Co-Pastor Elena Robertson**

## **Injury and Accident Report Form**

**Date:** \_\_\_\_\_

**Injured Individual:**

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

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Location of Accident: \_\_\_\_\_

\_\_\_\_\_

Time of Accident: \_\_\_\_\_

**Description of Accident and Resulting Injury:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Names and phone numbers of witnesses:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**First Aid Care Administered: Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Administered by:** \_\_\_\_\_

**Physician notified , if any:** \_\_\_\_\_

**Ambulance called, if any:** \_\_\_\_\_

**Where was individual taken:** \_\_\_\_\_

**Name of parent/guardian:** \_\_\_\_\_

**Name of Helps Ministry Worker:** \_\_\_\_\_

**Overseer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_