

Community of Christ

BODILY INJURY / ACCIDENT AND SICKNESS REPORT FORM FOR ALL COMMUNITY OF CHRIST ACTIVITIES

IN CASE OF ACCIDENT/ILLNESS:

1. FIRST: REPORT INJURY/ILLNESS REQUIRING EMERGENCY MEDICAL ATTENTION (INCLUDING CAMP NURSE)
2. AFTER EMERGENCY CARE IS GIVEN, CALL OR FAX TO RISK MANAGEMENT (LEAVE MESSAGE 24 HR)
3. EXTREME EMERGENCY CALL EMERGENCY NUMBER 816-853-0012

Risk Management Services
1001 W. Walnut Street
Independence, MO 64050-3562
Email: smohler@cofchrist.org
Phone: 800-825-2806 X1492
FAX: 816-521-3035

PLEASE PRINT PLAINLY

NAME AND LOCATION OF INSURED EVENT			
SPONSORING (REPORTING) GROUP (I.E. MISSION CENTER, CAMP, CONGREGATION)			
NAME OF CLAIMANT (Injured/ill person)		DATE OF BIRTH	
ADDRESS		PARENT/GUARDIAN NAME (IF MINOR)	
CLAIMANT'S HEALTH INSURANCE	DAY PHONE & EMAIL ADDRESS (Of responsible party)		
I L L N E S S O R I N J U R Y	DATE AND TIME OF INCIDENT	A.M. P.M.	PLACE OF INCIDENT
	NATURE OF INJURY (PART OF BODY)		
	DESCRIPTION OF INCIDENT/ILLNESS		
	MEDICAL PROVIDER NAME/ADDRESS (Where taken)		
	DESCRIBE GROUP ACTIVITY ENGAGED IN AT TIME OF INCIDENT		
	NAME OF ACTIVITY DIRECTOR & EMAIL ADDRESS		
	DATE AND NATURE OF THE INCIDENT		
	I certify that the above individual was participating in a church-sponsored activity and at this activity was injured or became ill. I believe the above information on this report to be correct.		
DATE OF REPORT	SIGNATURE OF EVENT/ACTIVITY DIRECTOR	DAY PHONE	

PLEASE NOTE Coverage is provided on an "excess" basis. If you have other insurance, billings must be submitted to your insurance company first. After it has made its payment and you still have unpaid bills, forward them along with the Explanation of Benefits statement you will receive from your insurance company with copies of the itemized bills to the address shown in the top right side of this form. You may mail, fax or email information.