

**General Church of the New Jerusalem/Academy of the New Church/Bryn Athyn Church  
ACCIDENT/INCIDENT REPORT**

**To file a claim, please complete this form and return to Marty Nash, Box 711, Bryn Athyn, PA 19009**

<b>PERSONAL INFORMATION of INDIVIDUAL INVOLVED in ACCIDENT/INCIDENT</b>		
Name and address:		Date of birth:
		Marital status:
	Phone #:	Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/>
	Date of hire: <input type="checkbox"/> F/T <input type="checkbox"/> P/T	Normal starting time:
	Salary/hourly wage:	# of hours worked per week:
Employee's job title:	Employee's department:	Employee's supervisor:
<b>ACCIDENT/INCIDENT INFORMATION</b>		
Date of injury:	Time of injury:	<input type="checkbox"/> Employment <input type="checkbox"/> Non-athletic <input type="checkbox"/> Athletic (specify sport) _____ <input type="checkbox"/> Other
Description of location:	<input type="checkbox"/> Academy Property <input type="checkbox"/> General Church property <input type="checkbox"/> On way to or from school <input type="checkbox"/> During authorized school trip <input type="checkbox"/> Bryn Athyn Church School property <input type="checkbox"/> Other _____	
Activity at the time of the accident/incident:	Describe what happened:	
Person supervising activity:	Witness: Address:  Phone #:	Witness: Address:  Phone #:
Description of injury, including body part(s) affected:	# of days missed from work:	
<b>MEDICAL TREATMENT</b>		
Description of first aid/treatment rendered:		Rendered by whom:
Doctor's name and address:	Hospital name and address:	Was the individual sent home?
Phone #:	Phone #:	If yes, with whom?
Was the individual's family notified?	If no, why not?	Additional comments:
When and by whom?		
Signature of person writing report:		Date:
Signature of Supervisor if applicable:		Date:
<b>FOR OFFICE USE ONLY: Claim called in by: _____ Date: _____ Claim reference #: _____</b>		