



1000 S. Eisenhower Blvd. | Middletown, PA 17057
717.939.9333 | www.thehcpac.org

NOTICE OF INJURY OR INCIDENT FORM

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| <p>SECTION 1</p> <p>Name and information for person completing this report</p> | <p>Name of person completing report: _____</p> <p>Position with Harrisburg Christian Performing Arts Center: _____</p> <p>Please provide the contact information below for the person completing this form.</p> <p>Street Address: _____</p> <p>City, State & Zip: _____</p> <p>Telephone Number: _____</p> <p>Email: _____</p> <p>Signature of person completing report: _____</p> <p>Date of report: _____</p> |
| <p>SECTION 2</p> <p>Time and Location of Injury/Incident</p> | <p>Date of Injury/Incident: _____ Time: _____ AM/PM</p> <p>Where did the injury/incident occur? (lobby, room, stage, etc.)</p> <p>_____</p> <p>Was this an injury or an incident? _____</p> <p>For injury, please proceed to section 3. For incident, please proceed to section 4.</p> |

SECTION 3

Injury Information

Name of injured person: _____ Age: _____

Address: _____

Telephone Number: _____

Name of parents/guardians (if a minor) _____

Injury Sustained: _____

Full description of how injury was sustained (attach additional paper if needed): _____

Relationship of injured person to HCPAC (Please circle one.)

Employee Guest Volunteer Performer

Who was responsible for supervision at the time of the injury? _____

If injury occurred elsewhere, what connection did it have with the insured's (HCPAC's) operations or activities?

If applicable, where was injured party taken? (hospital/doctor):

Does the injured party have personal medical insurance that could apply? (Please circle one.)

Yes No

Name of medical insurance company: _____

Policy Number: _____

Address of medical insurance: _____

Phone number of medical insurance company: _____

SECTION 4

Incident Information

Name of person(s) involved: _____

Address of person(s) involved: _____

Telephone number of person(s) involved: _____

Full description of incident (attach additional paper if needed): _____

Witness(es) to incident

Name: _____

Street Address: _____

City, State, Zip: _____

Telephone Number: _____

Name: _____

Street Address: _____

City, State & Zip: _____

Telephone Number: _____

Name: _____

Street Address: _____

City, State & Zip elephone Number: _____

Telephone Number: _____