

ZEN CENTER OF LOS ANGELES

INJURY REPORT

IF YOU ARE SERIOUSLY INJURED, PLEASE SEEK IMMEDIATE MEDICAL ATTENTION OR CALL 911

Then, please notify any Zen Center staff member or senior student, and fill out this form and place it in the Business Manager's mailbox.

YOUR NAME (name of person making report):

NAME OF INJURED PERSON and relationship to Zen Center (e.g., visitor, class participant, member, resident):

NATURE OF INJURY:

HOW INJURY OCCURRED/CAUSE OF INJURY:

DATE/TIME AND PLACE (on Zen Center grounds) INJURY OCCURRED:

WHO INJURY WAS REPORTED TO:

ACTION TAKEN (first aid, 911 call, emergency room, visit to private doctor—please describe):

NAME (plus address and other contact information) OF CAREGIVER(S):

INJURED PERSON'S INSURANCE INFORMATION:

NAME AND CONTACT INFORMATION OF WITNESS(ES), PERSON(S) FAMILIAR WITH THE INCIDENT:

Please use the other side of this sheet if you need more room.

Business Manager: Mary Rios 213-387-3540; 213-387-2377 fax; business@zcla.org

Space for more text: