

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 Operations Steward's or 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.

Operations Steward: Margaret Jifu Gower 213-387-3540; 213-387-2377 fax;
310-740-2591 cell; jifu@zcla.org

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