



### Incident/Accident Form

This form is track of injuries/incidents that occur during a 4-H activity or event. All club leaders and staff should have the forms on hand at *all* 4-H events and activities. This is to be turned in to the Extension Office and signed by the Volunteer in-charge, Club Leader, parent/guardian and an Extension Educator within 3 days. Copies can be made for club leaders and parents/guardians. The original will stay on file in the Extension Office. Forms will be kept on file in the county office until authorized to be destroyed.

- Incident Defined: An incident could be harassment, hazing, bullying, inappropriate language, a threat (verbal, physical, mental), inappropriate use of electronics/internet, etc.
- Accident Defined:
  1. Bump, sprain, scrape, cut, scratch, etc. needing attention/medication.
  2. Bug bite, sunburn, headache, stomachache, etc. needing attention/medication.
  3. Emergencies or medical treatment requiring professional attention.
  4. Accident involving car, equipment, ATV, bicycle, tractor, boat, animal, etc.

*Information in this report is for the injured person or person(s) involved in an incident*

|   |           |       |                                   |
|---|-----------|-------|-----------------------------------|
| Check one: <input type="checkbox"/> Incident              |           |       | <input type="checkbox"/> Accident |
| Name:   | Date:     | Time: |                                   |
| Age:  | 4-H Club: |       |                                   |
| Responsible Volunteer/Extension Educator:                 |           |       |                                   |
| Name of Investigating Officer/Response Personnel/Doctor:  |           |       |                                   |
| Clinic/Hospital/Facility/Business Name:                   |           |       |                                   |
| Location as well as site details:                         |           |       |                                   |
| Total number of persons (youth and adults) Involved _____ |           |       |                                   |
| Names of all persons (youth and adult) directly involved: |           |       |                                   |
| Type of Injury/Accident/Incident:                         |           |       |                                   |

What action/first aid/treatment was taken?

Describe accident/incident in detail. Include witnesses.

Were the parents or guardians informed of incident or accident?  Yes  No   
If no, why not?

Other pertinent information:

Signature of Volunteer in Charge Date

Signature of Club Leader Date

Signature of Extension Educator Date

Signature of Parent/Guardian Date