



4-H Event/Activity Incident Report

4-H Center for Youth Development

This report is to be used by organization/club leaders, project leaders, activity leaders and resource leaders and event/activity coordinators to document facts and actions regarding participants or staff who may become ill, are injured, who may break the rules, who have lost valuables or who might have an additional issue of concern.

Please file this fully completed and signed incident report with the event/activity coordinator and appropriate 4-H youth specialist.

| | | |
|--|---------------------------|-------------|
| Participant's name | Time of incident | Date |
| Person reporting | Nature of incident | |
| Witnessed by (other adults consulted or involved) | | |
| Identify the nature of the incident or problem | | |
| Observations by others regarding the incident: | | |

| |
|--|
| Action(s) taken (in order, detailed description) |
| If parents were contacted, describe conversation, noting names, date and time |
| Disposition of Problem |
| Medical treatment that may have been necessary |

| | |
|--------------------------------|--|
| Date (month, day, year) | Signature of Person Filing Report |
|--------------------------------|--|

| | |
|--------------------------------|--------------------------------------|
| Date (month, day, year) | Signature of Witness/Reviewer |
|--------------------------------|--------------------------------------|

| | |
|--------------------------------|---------------------------------|
| Date (month, day, year) | Signature of Participant |
|--------------------------------|---------------------------------|

