



**4-H Event/Activity
Incident Report**

This report is to be used by 4-H Volunteer Club Coordinators, 4-H Event/Activity Coordinator(s) and Event/Activity Chaperones 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.

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| 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)

over for additional information

If parents/authorities were contacted, describe conversation, noting names, date and time.

Disposition of Problem:

Medical Treatment that may have been necessary:

Signature of person filing report_____ **Date**

Signature of Witness/reviewer_____ **Date**

Signature of Participant_____ **Date**

Please file this incident report, fully completed and signed with the Event/Activity Coordinator)