



Iowa 4-H Program Incident/Injury Form

Name of 4-H Club, Program or Activity: _____		
Type of incident (check one): <input type="checkbox"/> Behavioral <input type="checkbox"/> Accident <input type="checkbox"/> Illness <input type="checkbox"/> Other (list) _____	Date/Time of Accident or Injury:	
	Date (mm/dd/yyyy) _____	
	Time (AM/PM) _____	
	Name of Volunteer or Staff in Charge at Time of Incident _____	
Emergency reported to _____		
Parent/Guardian Notified _____ (date) _____ (by whom)		
Where did incident occur:		
County Name _____ Club Name _____		
Contact Person _____ Phone No. _____		
Address _____		
Were there any injuries? (check one) _____ Yes _____ No		
If yes, please provide the following information:		
Name of person involved (If more than 1, list on separate page.) _____		
Age _____		
Home Phone Number _____ Business Phone Number _____		
Address (include city, state, and zip code) _____		
Witness Name _____		
Business & Home Phone Numbers _____		
Address (include city, state, and zip code) _____		

Person(s) completing all or part of report:

_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Date</i>
_____ <i>Signature</i>	_____ <i>Title</i>	_____ <i>Date</i>

(Over)

Description of Incident

(use additional pages if necessary)

- a. Sequence of activity (e.g., at end of the workshop, at the beginning of club meeting, during leisure time). What had preceded in terms of type of activities?

- b. Location (e.g., where did the incident occur in the workshop/activity space in relation to instructor/supervisor and other participants?) A diagram is frequently helpful.

- c. Just exactly what was the person involved doing and how did the incident occur? What was going on? Who was involved?

- d. What could/should the insured person have done to have prevented the incident? (If appropriate, might ask the person involved what he/she could have done to prevent the injury.)

- e. Action taken at time of incident.

- f. Action taken as follow-up to incident:

Note to Volunteer:

Please complete this form within 48 hours of any incident involving injury to, or affecting the health and safety of, a participant. Give this form to the County Extension Office.

Note to County Staff:

Please notify the Area Director. Notify the State 4-H Program (515/294-1018) of any serious incidents immediately. Upon completion of this form, please send to the Office of Risk Management (3618 ASB, ISU, Ames, IA 50011-3618). The Office of Risk Management (515/294-7711) can provide claim forms and procedures.

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Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Jack M. Payne, director, Cooperative Extension Service, Iowa State University of Science and Technology, Ames, Iowa.