



## Iowa 4-H Program Incident/Injury Form

<b>Name of 4-H Club, Program or Activity:</b> _____		
<b>Type of incident (check one):</b>  <input type="checkbox"/> Behavioral <input type="checkbox"/> Accident <input type="checkbox"/> Illness <input type="checkbox"/> Other (list) _____	<b>Date/Time of Accident or Injury:</b>  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)		
<b>Where did incident occur:</b> County Name _____ Club Name _____ Contact Person _____ Phone No. _____ Address _____ _____		
<b>Were there any injuries? (check one)</b> _____ 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) _____ _____		
<b>Witness Name</b> _____ Business & Home Phone Numbers _____ Address (include city, state, and zip code) _____ _____		

Person(s) completing all or part of report:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Date*

**(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 Regional Director and Youth Program Specialist. Notify the State 4-H Program (515/294-1018) of any serious incidents immediately and FAX copies of all incident reports to the State 4-H Youth office attn: Mitchell Hoyer 515-294-4443

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Extension and Outreach

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