Iowa 4-H Program Incident/Injury Form

Name of 4-H Club, Program or Activity: _____

Type of incident (check one):

_____ Behavioral
_____ Accident
_____ Illness
_____ 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:

Signature	*Title*	*Date*
Signature	*Title*	*Date*

(Over)

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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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