



WASHINGTON STATE UNIVERSITY
EXTENSION

WSU Extension Youth and Families Program Unit
COLLEGE OF AGRICULTURAL, HUMAN, AND NATURAL RESOURCE SCIENCES

Washington State University Extension 4-H Incident Report Form

Please report injuries directly to your Extension office within 48 hours. Submit this form to the county 4-H Extension Office within seven (7) days of the incident. **Complete one form for each person involved.** Also include any photographs, news clips, police reports, etc.

EVENT INFORMATION

Name of 4-H Sponsored Event:

Date(s) of Event:

Location of Event/Address:

PERSON INVOLVED IN INCIDENT

Name (Last/First/M.I.):

Address:

Phone:

Email:

Date of Birth:

Status at Event

Enrolled 4-H Member

Non-Enrolled Member

Active 4-H Leader

Parent

Public

DATE AND TIME OF INCIDENT

Date:

Time: am / pm

TYPE OF INCIDENT

Behavioral

Accident

Illness

Other

INITIAL REPORTING

Emergency reported to _____ by way of _____ .

Extension/Staff or Volunteer in charge at time of incident:

Name (Last/First/M.I.):

Role:

PO Box 1495, Spokane, WA 99210-1495
509.358.7548 | Fax: 509.358.7979



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Name of Parent/Guardian:

Notified?	Yes	No	N/A
If Yes:	Date:	Time:	By Whom?

Name of Emergency Contact:

Notified?	Yes	No	N/A
If Yes:	Date:	Time:	By Whom?

TYPE OF MEDICAL CARE RECEIVED

First Response	Ambulance	Emergency	Hospital	N/A
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Adult(s) On the Scene:

Adult(s) Rendering Aid:

Witnesses:

Name:	Address:
Where Located at Time of Incident:	

Name:	Address:
Where Located at Time of Incident:	

Name:	Address:
Where Located at Time of Incident:	

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DESCRIPTION OF INCIDENT

1. **Sequence of Activities:** (e.g. at the beginning of the club meeting, during leisure time, after the workshop). What led up to the incident?
2. **Location:** Where did the incident occur in the space? Where were the other participants/leaders? A diagram may be helpful.
3. Exactly what was the person doing and how did the incident occur? What was going on? Who was involved?
4. What steps could have been taken to prevent the incident or minimize the impact of the incident?

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5. Action taken at the time of incident:

6. Action(s) taken as a follow-up to the incident (if applicable):

FOLLOW-UP REPORT NEEDED?

Yes

No

SIGNATURES

Person(s) Completing All or Part of the Report

Name (print):

Date

Time

Signature

Name (print):

Date

Time

Signature

Name (print):

Date

Time

Signature

4-H Faculty and/or Staff

Name (print):

Date

Time

Signature

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