



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.):

Status at Event

Address:

Enrolled 4-H Member

Phone:

Non-Enrolled Member

Email:

Active 4-H Leader

Date of Birth:

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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