



# CLUB



## Accident/Injury Summary

Contact \_\_\_\_\_ County Extension Office ( \_\_\_\_\_ ) immediately if an accident occurs in which an Extension Staff member is not present.

Alternate Contact: \_\_\_\_\_ at ( \_\_\_\_\_ )

Activity/Event \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

Adult Leader In Charge \_\_\_\_\_

Number of injuries \_\_\_\_\_

Extent of Injuries \_\_\_\_\_

\_\_\_\_\_

Names of Injured

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Location of Treatment Center, Hospital or Emergency Care Center

\_\_\_\_\_

Description of Incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken following incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were parents contacted? Yes \_\_\_\_\_ Time \_\_\_\_\_ Method \_\_\_\_\_

Actions taken to insure safe keeping and attempts to prevent event from occurring again

\_\_\_\_\_  
\_\_\_\_\_



# CLUB



## Discipline Report

4-H Member Name \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

Witnesses/Others Involved \_\_\_\_\_

Briefly describe incident:

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Action taken:

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\_\_\_\_ Verbal warning

\_\_\_\_ Parents contacted

\_\_\_\_ 4-H Agent contacted

If this is a major infraction or problem, contact the 4-H Agent as soon as possible.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Club Leader Signature

\_\_\_\_\_  
4-H Agent Signature

