



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:

Action taken:

____ 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

