

4-H Accident/Incident Report Form

This form is for 4-H accidents and or incidents that occur at activities or events at 4-H Alberta club, district, region and provincial level. Report forms must be submitted in a timely matter immediately after the accident or incident that involve Cleaver Kids, Members, Leaders, Volunteers, additional participants and or spectators.

Instructions:

- Complete Part A for all reports that are applicable
A. Identification, B. Property Damage, C. any injury requiring medical attention
- e-mail or mail completed form and supporting documents



4-H Council of Alberta
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PHONE: 1-877-682-2244

e-mail: susann.stone@4hab.com

A. Identification: (name of person hurt, owner of damaged property, name(s) of those involved in incident)

Last Name		First name	
Mailing address			
Town or city		Postal code	
Phone number	Age	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent/ Guardian (if a minor)		Contact phone number if different from above	
Name of 4-H Event:	Event Location:	Contact for the event :	
Date	Time of accident/incident a.m. or p.m.	Location of accident/incident	
Witness's name		Witness's name	
Mailing address		Mailing address	
Town or city		Town or city	

Witness report attached

Witness report attached

Briefly describe accident or incident, the causes and the outcomes (use more space if required)	
Outline action taken in detail. (use more space if required)	
Identify follow-up action or problems. (use more space if required)	
Signature	Date

B. Property Damage report

Was another insurance provider notified? No Yes

If Yes - please provide policy information

C. Major accident, injury or illness information

(Complete for any injury requiring medical attention either during or following the event.)

Was a parent or other individual notified? No Yes

Was an ambulance called? No Yes

Name of ambulance service _____

Attendant name(s) _____

Was the participant taken to hospital? No Yes

If yes, by whom? _____

If ambulance was used does the family have coverage? No Yes

Name of hospital _____ Date _____

Attending Physician's name _____

Time _____ a.m. or p.m.

Was the participant sent home? No Yes

If yes, by whom? _____

Date _____ Time _____ a.m. or p.m.

Follow up by club leader or person responsible for event	
Other information or comments	
Name:	
Signature	Date

Notice of Collection: The 4-H Council of Alberta respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. If any time you wish to be removed from our list, please contact us by phone (780) 682-2648 or email council@4hab.com.