



4-H Accident/ Incident Report

Date report completed:

Name of Extension employees and/or adult volunteers reporting:

Who was involved?

Parents' names and addresses:

What happened that was either an accident/incident? Give a brief description:

Was there a breach of the code of conduct? If so, give a brief description:

Date and time of accident/incident: Date:

Time:

Location of accident/incident, including city, state, name of building, etc.:

How was the issue resolved, what action was taken, etc.?

Who was responsible for:

Calling medical help:

Attending to injured person:

Was onsite first aid administered? If so, please explain:

Was a physician required? If so, please explain:

Follow-up (if needed):

File report with: Direct Supervisor, Regional Extension Coordinator, and Center for 4-H Youth Development Head.

Form 1104 (POD-04-24)

Distributed by the Mississippi State University Extension Center for 4-H Youth Development.

Copyright 2024 by Mississippi State University. All rights reserved. This publication may be copied and distributed without alteration for nonprofit educational purposes provided that credit is given to the Mississippi State University Extension Service.

Produced by Agricultural Communications.

Mississippi State University is an equal opportunity institution. Discrimination in university employment, programs, or activities based on race, color, ethnicity, sex, pregnancy, religion, national origin, disability, age, sexual orientation, gender identity, genetic information, status as a U.S. veteran, or any other status protected by applicable law is prohibited.

Extension Service of Mississippi State University, cooperating with U.S. Department of Agriculture. Published in furtherance of Acts of Congress, May 8 and June 30, 1914. ANGUS L. CATCHOT JR., Director