

Bellingham 4-H Challenge Incident Report Form

Please submit this form to the Bellingham School District, Student Services Office within twenty-four hours of the incident. Also include any photographs, news clips, police reports, etc. Complete one for each person involved.

Name of 4-H sponsored event: _____

Date of event: _____ Location: _____ County: _____

Club: _____ Contact Person: _____ Phone (____) _____

Address: _____

Person involved: _____
Last Name First Name Middle Initial

Address: _____ Phone (____) _____

Age: _____ Sex: Male ___ Female ___ Status at Event: _____

Type of Incident: Behavioral _____ Accident _____ Illness _____

Other (describe) _____

Date of Incident: _____ Time of Incident: _____ (am/pm)

Emergency reported to _____ by _____
method of communication

Volunteer/Staff in charge at time of incident: _____

Parent or Guardian Notified - Date _____ Time _____ By whom _____

Emergency Contact Notified _____ Contact Name _____

Phone (____) _____

Date _____ Time _____ By whom _____

Adult(s) on the scene _____

Adult(s) rendering aid _____

WITNESSES: (have at least two, more may be useful)

Name: _____

Address _____

Where located at time of incident? _____

Name _____

Address _____

Where located at time of incident? _____

Over Please

Description of Incident

(use additional pages if necessary)

- a. Sequence of activity (e.g., at end of the workshop, at the beginning of club meeting, during leisure time. What had preceded in terms of type of activities?)

- b. Location (e.g., where did the incident occur in the workshop/activity space in relation to instructor/supervisor and other participants?) A diagram is frequently helpful.

- c. Just exactly what was the person involved doing and how did the incident occur? What was going on? Who was involved?

- d. What could/should the injured person have done to have prevented the incident? (If appropriate, might ask the person involved what he/she could have done to prevent the injury)

- e. Action taken at time of incident:

- f. Action taken as follow-up to incident:

FOLLOW-UP REQUIRED:

_____ Date: _____
Signature(s) of Person(s) Completing All or Part of Report

Signature of 4-H Agent

Signature of Bellingham School District Representative