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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
<th>Phone (___)</th>
</tr>
</thead>
</table>

Address: _____________________________________________________________

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? ________________________________
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