

Instructions:

- Complete Part **A** for all reports
- Complete Part **B** for Property Damage
- Complete Part **C** for **any injury requiring medical attention either during or following the event.**

Fax, scan and e-mail or mail as soon as possible to:

Marguerite Stark
Head 4-H and Agriculture Education Branch
e-mail: marguerite.stark@gov.ab.ca
FAX: 403-948-2069
Mail: 97 East Lake Ramp
AIRDRIE AB T4A 0C3

A. Identification: (owner of damaged property or name of person hurt)

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		Person coordinating the event
Date	Time of accident	a.m. or p.m.	Location of accident
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, the causes and the outcomes	
Outline action taken in detail.	
Identify follow-up action or problems.	
Signature	Date

Please turn over and complete

B. Property Damage report

Was another insurance provider notified? No Yes

If Yes – please provide policy information

C. Major accident, injury or illness information

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