

4-H Accident/Incident Report

| Instructions: | | | | | | | | | |
|---|---|---------------------------|-----------------|--|--|--|--|--|--|
| ☐ Complete Part A for all reports | S | | | | | | | | |
| Complete Part B for Property Damage | | | | | | | | | |
| ☐ Complete Part C for any injury | requiring medical a | attentic | on eithe | er during or following the event. | | | | | |
| Fax, scan and e-mail or mail as a 4-H Council of e-mail: counc PHONE: 1-877 Mail: RR1 SITE WESTEROSE A | f Alberta il@4hab.com 7-682-2244 E 7 BOX 1 | to: | | | | | | | |
| A. Identification: (owner of damaged property or name of person hurt) | | | | | | | | | |
| Last Name | Last Name | | | name | | | | | |
| Mailing address | | | | | | | | | |
| Town or city | | | | Postal code | | | | | |
| Phone number | | Age | | Gender Male Female | | | | | |
| 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 p.m. | a.m. or | | Location of accident | | | | | |
| Witness's name | | Witness's name | | | | | | | |
| Mailing address | | | Mailing address | | | | | | |
| Town or city | 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

| В. | Property Damage report Was another insurance provider notified? | No 🗖 | Yes | | | |
|---------|---|------------|----------|---------------|--|---|
| | If Yes - please provide policy information | | | | | |
| | | | | | | |
| C. | Major accident, injury or illness informa | tion | | | | |
| | 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 ha | ve coverag | je? No □ | Yes \square | | |
| | 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 | | Tin | me | a.m. or p.m. | | |
| ollow | up by club leader or person responsible for event | | | | | |
| | | | | | | |
| Othor i | information or comments | | | | | |
| Juici i | information of comments | | | | | |
| | | | | | | |
| Name: | | | | | | |
| Signatu | ıre | | 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.