# Mississippi State University Extension Service

## 4-H Accident/Incident Report Form

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:

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?

Who was responsible for attending to the 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, Extension Regional Coordinator, and Associate Director/4-H.

Form 1104 (POD-07-19)

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