NC 4-H Accident/Incident Report Form (Fill out 1 on each incident or person)

Date:		
Name of Person Involved	Age	Sex
□ Youth Participant □ Staff □ Volunteer □ Visitor/Guest		
Address _ Pho Street & Number City State Zip	one	Area/Number
Name of Parent/Guardian (if minor)		
AddressPho Street & Number City State Zip	ne	Area/Number
*If applicable: Was the parent/guardian notified immediately? ☐ Yes	<i>□ No</i>	
Name/Addresses of Witnesses (You may wish to attach signed statements.)		
1.		
2.		
3.		
Type of Incident □ Behavioral □ Accident □ Medial □ Other (describe)	1	
Date of Incident/Accident Hou	r [⊒ a.m. □ p.m.
Describe the sequence of activity in detail, including what the participa	nt was do	ing at the time:
Where did it occur? (Specify the location, including the location of the i diagram to locate persons/objects.)	njured and	d witnesses. Use a

Was the participant injured while participating in	an activity? □ Yes □ No If	so, what activity?	
Any equipment involved in the accident? □ Yes	□ No If so, what kind?		
What could the injured have done to prevent inju	ry?		
Emergency procedures followed during the incid ☐ Received First Aid ☐ on-site or ☐ at a n		emergency services	
*If applicable: Has an Incident Report been submitted to NCSU via the NCSU Incident Reporting Portal? Portal? Portal? Portal? Portal No. Working on Submission Documents Now			
Submitted by	Position	Date	
Phone number			

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