

INCIDENT REPORT FORM

Harris Co. 4-H Incident Report

This form is to be completed for each incident that occurs and kept on file in the county extension office.

Individual's Name _____

Age _____

Club Name _____

Date _____

Adult in Charge _____

Time _____ a.m. / p.m.

4-H Event _____

Number of People Involved _____

Description of Incident:

Additional Notes:

Action to Follow:

Completed By:

Name _____ Signature _____

(Person completing this report)

Date _____