



Maryland 4-H Program Incident Report Form

NOTICE: The University of Maryland Extension (UME) 4-H Youth Development Program requests information to report the nature and circumstances of incidents that occur related to Maryland 4-H programs, activities, or events. Information recorded in this report may be shared with UME employees, officials, or volunteers, medical personnel and/or other individuals as necessary and appropriate. Information in this report may also be shared among offices of the University of Maryland, University System of Maryland, and outside entities as necessary and appropriate in the conduct of legitimate University business and consistent with applicable law and policy. Because the University of Maryland is a state educational institution, information in this report is subject to disclosure under the Maryland Public Information Act. Individuals may inspect and/or correct their personal information as provided by the Public Information Act and/or other applicable law or University policy.

INCIDENT

Check if Incident occurred at a 4-H Camp

Date of Incident: _____ Time of Incident: _____

4-H Activity where Incident occurred: _____

Location where Incident occurred: _____

Nature of Incident: Behavior Injury Other (specify) _____
 (check all that apply) Property Damage Illness _____

INVOLVED PARTIES *(add pages if necessary)*

Name	4-H Status	Participation Status	Dismissed?

WITNESSES *(add pages if necessary)*

Name	4-H Status	Participation Status	Statement*

*Attach written statements or notes documenting verbal statements

DETAILS OF INCIDENT *(Describe what happened, as completely as possible. Attach additional pages or documentation as needed.)*

RESPONSE (Describe how the incident was managed and identify who handled the response. Attach additional pages as needed.)

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NOTIFICATIONS (Add pages if necessary. Record UME/4-H notifications in Staff Use section)

Name	Relationship/Status	Contacted by	Time of Contact

ILLNESS OR INJURY

DESCRIPTION OF ILLNESS OR INJURY

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RESPONSE TO ILLNESS OR INJURY (Add details on additional page, if necessary.)

How was illness or injury handled? (check all that apply)

<input type="checkbox"/> First Aid on-site	<input type="checkbox"/> Self or Guardian Transport	<input type="checkbox"/> Refused Treatment
<input type="checkbox"/> Call for Assistance	<input type="checkbox"/> Emergency Transport	<input type="checkbox"/> Refused Transport

Describe Response

(Include what on-site first aid was administered, what assistance was requested, details of transport, refusal of treatment/transport, etc.)

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REPORTER

_____	_____	_____	_____
Printed Name of Reporter	Signature of Reporter	Reporter's Title	Date of Report

4-H STAFF USE

Notifications

<input type="checkbox"/> 4-H Educator _____	<input type="checkbox"/> State Specialist _____
<input type="checkbox"/> A/CED _____	<input type="checkbox"/> State Volunteer Specialist _____
<input type="checkbox"/> Camp Director _____	<input type="checkbox"/> State Risk Mgmt Coord _____
<input type="checkbox"/> _____	<input type="checkbox"/> State Program Leader _____