



Florida 4-H Incident Report

This form is to be completed for each incident that occurs and upload to member(s) 4-H Online profile.

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:

Report Completed By:

Name _____

Signature _____

Date _____

Parent/Guardian Notified:

Date: _____

Time: _____

Parent/Guardian Name: _____

Signature _____

County Use: Date of American Income Life claim filed
(if applicable): _____