



UF IFAS Extension/4-H Incident Report

This form is to be completed and upload to member(s)/volunteer(s) profile in 4-H Online (or designated data management system). *do NOT provide identifiable information for Child Abuse Report made to DCF.

Individual's Name _____

Age _____

Club/Program Name _____

Date _____

Adult in Charge _____

Time _____ a.m. / p.m.

IFAS/4-H Event _____

Number of People Involved _____

Where medical services provided? _____

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/AmeriSys claim filed (if applicable):

DCF Report Case #: _____

(if applicable)