

Appendix E

Incident Form

This form is to be used to record any situation, accident or injury that may relate to the health, safety and wellbeing of a Saskatchewan 4-H program participant.

PARTICIPANT'S NAME: _____ DATE: _____

PROGRAM AND LOCATION: _____

LOCATION OF INCIDENT: _____

SUPERVISOR/STAFF: _____

DESCRIBE THE INCIDENT:

WAS THERE A NEED FOR MEDICAL ATTENTION: ___ YES ___ NO

EXPLAIN:

CONDITION	YES	NO
Conscious		
Breathing If NO, was artificial respiration administered? By whom?		
Pulse If NO, was CPR administered? By whom?		
Severe Bleeding		
Broken bones - visible - suspected		
Suspected spinal injury		

HAVE THE PARENTS/GUARDIAN BEEN NOTIFIED? ___ YES ___ NO

NOTIFIED BY: _____ (date)

FOLLOW-UP TO THE INCIDENT: _____

NAME, ADDRESS AND PHONE NUMBER OF DIRECTOR IN CHARGE:

REPORT WRITTEN BY: _____

SIGNATURE: _____