

# INCIDENT REPORT FORM

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TO BE COMPLETED AND RETURNED TO THE P.E.I. 4-H OFFICE WITHIN 10 DAYS OF AN INCIDENT OR ILLNESS OR ACCIDENT.

MEMBER/LEADER'S NAME: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

1. Date of Incident/Illness/Accident: \_\_\_\_\_

2. Time of Incident/Illness/Accident: \_\_\_\_\_ a.m./p.m.

3. Location of Incident/Illness/Accident: \_\_\_\_\_

4. Describe the incident, illness, accident, injury:

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5. Detailed outline of treatment and/or action taken and by whom it was taken.

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6. Was a parent, guardian, provincial contact notified? \_\_\_\_\_

If yes, who was contacted? \_\_\_\_\_

When? \_\_\_\_\_ By Whom? \_\_\_\_\_

7. Was any other authority notified (i.e. RCMP, local police, etc.): \_\_\_\_\_

If yes, who was contacted? \_\_\_\_\_

When? \_\_\_\_\_ By Whom? \_\_\_\_\_

8. Was the delegate taken to hospital? \_\_\_\_\_ By Whom? \_\_\_\_\_

Date and Time: \_\_\_\_\_

Name of Hospital: \_\_\_\_\_

Attending Physician's name: \_\_\_\_\_

9. Was there any property damage? Yes No  
Name of Owner: \_\_\_\_\_

Contact: \_\_\_\_\_

Kind of property and extent of damage: \_\_\_\_\_  
\_\_\_\_\_

10. Was the delegate sent home? \_\_\_\_\_ By Whom? \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

11. Witnesses: 1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

12. Completed by \_\_\_\_\_ Date \_\_\_\_\_

**Please forward to:**  
P.E.I. 4-H Council  
PO Box 2000  
40 Enman Crescent, Rm 238  
[pei4h@gov.pe.ca](mailto:pei4h@gov.pe.ca)  
(T) 902 368 4833  
(F) 902 368 6289

***To be completed internally***

Follow up action by Provincial Staff/P.E.I. 4-H Board of Directors:

Forwarded to National Office and BFL Yes No