



# CLUB



## Accident/Injury Summary

Contact \_\_\_\_\_ County Extension Office ( \_\_\_\_\_ ) immediately if an accident occurs in which an Extension Staff member is not present.

Alternate Contact: \_\_\_\_\_ at ( \_\_\_\_\_ )

Activity/Event \_\_\_\_\_

Date \_\_\_\_\_ Location \_\_\_\_\_

Adult Leader In Charge \_\_\_\_\_

Number of injuries \_\_\_\_\_

Extent of Injuries \_\_\_\_\_

\_\_\_\_\_

Names of Injured

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Location of Treatment Center, Hospital or Emergency Care Center

\_\_\_\_\_

Description of Incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action taken following incident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were parents contacted? Yes \_\_\_\_\_ Time \_\_\_\_\_ Method \_\_\_\_\_

Actions taken to insure safe keeping and attempts to prevent event from occurring again

\_\_\_\_\_  
\_\_\_\_\_