

Georgia 4-H Accident Report

Individual's Name _____

County _____ Event _____

Date _____ Approximate Time of Accident _____

Location of Accident _____ Number of People Involved _____

Description of Accident:

Description of Injury:

First Aid or Treatment Taken:

Additional Notes:

Signature of Leader:

Copies of medical reports from treatment and/or prescriptions should be attached. Return copy of accident report to event coordinator, 4-H facilities director and the local Extension staff.

Revised November, 1999