Activity Log

Club Name: _____ Date: _____

Instructors: _____

_____

Activities Completed: _____

4-H'ers NAME	HOME TELEPHONE	4-Her SIGNATURE

PARENT'S NAME	DUTIES PERFORMED

( ) Yes ( ) No – Safety Check (attached) ( ) Yes ( ) No – Health Forms (attached)

( ) Yes ( ) No – Emergency Response* ( ) Yes ( ) No – First Aid Kit Available

Unusual Occurrence*: _____

Incident*: _____

Other Comments: _____

Instructor's Signature: _____

*Please attach additional pages explaining any unusual occurrences, incidents or accidents. If an accident occurs be sure to attach a completed accident report form.