

Alabama 4-H Shooting Sports Incident Report

Club Name: _____ Date: _____ Time: _____

Instructors: _____

Total Number of People Involved: Youth: _____ Adult: _____

Names of Injured: _____

Description and location of the incident: (Please attach additional pages as necessary) _____

First Aid Administered Yes No Type of First Aid: _____

Medical Treatment Required Yes No

Name and Location of Responding Hospital or Emergency Care Center: _____

Mode of Transportation to Hospital: _____

Insurance Information Carried to Hospital: Yes No

Health Forms Carried to Hospital: Yes No

Parent Contacted Yes No Extension Office Notified Yes No

Instructor's Signature: _____

Parent's Signature: _____

Extension Agent's Signature: _____