



4-H Event Risk Management – Contacts

Title of Event/Activity: _____

Contact Person: _____ Primary Phone Number: _____

Please complete the following contact information prior to your event, and then keep this sheet in an accessible location where volunteers and staff can easy access if necessary.

**required to fill out*

Destination Emergency Contacts	Name	Phone Number
*Nearest Hospital to Destination		
*Second Nearest Hospital to Destination		
*Town Non-Emergency Police Department		
*Town Fire Department Non-Emergency		

Extension Contacts: Name	Phone Number	Email (if applicable)
*County Extension Office: _____		
*County Extension Staff Person: _____		
Additional County Extension Staff Person: _____		

Additional Contacts	Phone Number	Secondary Phone Number (if applicable)
Poison Control	1-800-222-1222	
Child Abuse Hotline	1-888-273-8255	
AZ Department of Child Safety	1-888-767-2445	
Crisis Intervention Hotline	1-800-631-1214	1-602-222-9444
Southern Arizona Children's Advocacy Center	1-520-724-6600	
National Child Abuse Hotline	1-800-422-4453	



4-H Event Risk Management – Checklist

Please verify that the following has been completed or you have it prior to and during your event.

Risk Management Forms for Each Participant	Completed	Date Completed
Enrolled in 4-HOnline		
Signed Code of Conduct		
Media Release Form		
Youth Medical Form		
Adult Volunteer Medical Form		
Incident / Accident Report – blank form		

Additional Risk Management Tools	Completed/ On Hand	Not Needed
Special Event Insurance		
First Aid Kit		
Emergency telephone list including parent contact information		
Available telephone		
Additional supervision by older youth, parents, or volunteers – screened if required if alone with youth		

County Office Use Only

Received by: _____ Date Received: _____

Meets required risk management standards: Yes No

If no, explain why _____

Assigned staff to handle risk management concerns: _____

County Agent Signature: _____

State Office Use Only

State 4-H Staff: _____ Date Received: _____

Meets required risk management standards: Yes No

State 4-H Staff Signature _____



What to do?: 4-H Event Crisis Management

Take one copy of this sheet with you when you attend any University of Arizona Cooperative Extension or Extension involved activity.

ON-SITE IN A CRISIS OR POTENTIAL CRISIS

1. Call appropriate emergency personnel: **911** (Emergency) or the appropriate agencies on 4-H Event Risk Management Plan – Contacts.
2. See to any injured persons using appropriate **first aid**.
3. Get other participants to a **safe location** to avoid further injuries, and to provide enough room to work on the injured person.
4. Call your county **Extension Office** or 4-H staff person immediately. Be prepared to tell **extension personnel** as much information as possible, even information that has yet to be confirmed.
 - a. This includes:
 - i. Number and extent of injuries.
 - ii. Names of injured.
 - iii. Location of responding hospital or emergency care center.
 - iv. Description and location of the incident.
 - v. Total number of people involved (number of youth, number of adults.)
5. Because county office phones may quickly become clogged with calls for information, request an **alternate phone** (office next door, etc.). _____
6. **Tell any news media** that call or show up:
 - Do not comment or disclose any information about the situation or people involved.
 - Refer media requests to University of Arizona personnel for more complete information.

Call: County-based 4-H professional at home and/or other offices that have people involved in the activity. See “4-H Event Risk Management – Contacts” for county-based 4-H professional contact information.



ARIZONA 4-H ACCIDENT / INCIDENT REPORT FORM

Arizona Cooperative Extension is requesting information to report the nature and circumstances of accidents and incidents occurring at UACE programs. If you do not provide requested information the report may be without pertinent information. The information you provide may be shared with appropriate UACE employees, UACE/4-H volunteers, officials, medical personnel, and others as needed. Information provided to UACE may also be shared among offices within the University of Arizona and outside entities as necessary or appropriate in the conduct of legitimate University business and consistent with applicable law.

Camp / Event Name: _____ Date: _____

Date of Incident/Accident: _____ Hour: _____ a.m. / p.m.

Type of incident: ___ Behavioral ___ Accident ___ Epidemic ___ Illness ___ Other(describe): _____

Address / Location of Event: _____

Name of injured person involved: _____ Date of Birth: _____ Sex: _____

Check one: ___ Participant ___ Camper ___ Visitor ___ UACE/4-H Volunteer ___ UA Employee ___ Parent

Address: _____ Phone: _____

Name of Parent/Guardian (if minor): _____

Address: _____ Phone: _____

Name/Addresses/Telephone Number of Witnesses (Attach signed Witness Form statements):

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Describe the Accident/Incident in detail, including the sequence of activities and what the individual/injured was doing.
[Attach extra pages if needed]:

Where occurred? [Specify location of accident/incident, including location of individual/injured and witness(es). Use diagram to locate persons/objects, if appropriate]:

Was individual/injured participating in an activity at time of injury? ___ Yes ___ No

If so, what activity? _____

Actions taken at time of incident/accident: by Extension Employee(s) or UACE/4-H volunteer(s) _____

Actions taken to prevent similar incident/accident _____

Medical Report of Accident / Incident

Were parents notified? Yes ___ No ___ By: Writing ___ Phone ___ Other ___

By whom? _____ Title: _____ When? [time & date]: _____

Parent's Response: _____

Description of Injuries: _____

If first aid/treatment was given at the camp/event site, describe:

Where: _____; By whom: _____

Action(s) taken: _____

Were Universal Health Care Procedures used while administering first aid or treat? ___ Yes ___ No

Describe procedures used: _____

Additional Assistance Summoned? Yes ___ or No ___. If yes, time of call: _____

Ambulance #/Name of Company Responding: _____

Police Department/Officer Responding: _____ Badge # _____

Was injured transported? Yes ___ or No ___. If yes: By Whom: _____

Where: Doctor's Office ___, Hospital ___, Camp/Site Health Service ___, Other _____

Person(s) to be notified of transport (attempt to notify immediately and continue efforts):

Name(s) _____ Phone #: _____ Relationship to injured: _____

Contact Made: Date _____; Time _____; Method _____

If not transported, subsequent action taken: _____

Check here if Injured (over 18 or parent or guardian if under 18) refused treatment _____ or transport _____

UACE/UNIVERSITY Persons notified of accident / incident:

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Name: _____ Position: _____ Date: _____ Time: _____

Describe any contact made with/by the media regarding this situation: _____

Signed: _____ Position: _____ Date: _____ Time: _____

- Insurance Notification:**
- | | |
|----------------------------------|-----------------------------------|
| 1. Parent's | Date: By: _____ Parent _____ UACE |
| 2. UA Health Insurance | Date: By: _____ Parent _____ UACE |
| 3. Worker's Compensation | Date: By: _____ Parent _____ UACE |
| 4. Camp/Event Accident Insurance | Date: By: _____ Parent _____ UACE |