Waldo County 4-H Program Special Occurrence Report
(please print and return to your 4-H County Extension office)

Name of Child: ____________________________________________

Reporting Volunteer or Staff: ________________________________

Date and Time: ____________________________________________

What Happened: ____________________________________________

How was it handled: _________________________________________

Comments: ________________________________________________

Time parent was called or notified: ____________________________

Signature of reporting volunteer/staff: __________________________