Event Risk Management Plan

Name of Event

Date of Event

Location

Number of Participants Anticipated

Number of Volunteers needed based upon number of anticipated participants

Emergency Numbers

Fire Department

Police Department

Ambulance Service

Youth Specialist

Who will take a child to the hospital or travel with them if taken by ambulance: (Be specific, list names, address and phone number)

Check List (This list will vary depending upon the event or activity. The following are only suggestions)

- Youth Health forms
- Parental Consent forms
- Parent Phone Numbers
- Other

Evacuation Plan: In case of severe weather or other dangerous situations