



## 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