



Event Risk Management Plan

4-H Center for Youth Development

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

