Outdoor Activity Form Information - Risk Management

Activity Name _____

Activity Date _____

Group Commissioner's name and contact number:_____

Name of non-participating Scouter who was given a copy of the Outdoor Plan for this event

_____

First Aid Scouter _____

First Aid Kit Carrier _____

Name of Communications Scouter on the activity: _____

Emergency Numbers Police/Fire/Ambulance 911

Closest Hospital/Urgent Care Name and Address_____

_____

Evacuation Plan: Where to meet in case of emergency _____

Contact numbers for everyone YES NO

Action Plan Identify the risks involved with the activity:

_____

_____

_____

_____

_____

Have these risks been assessed? YES NO

_____

Print Name

_____

Signature Date