



SPECIAL EVENT RISK PLANNER

NAME / DESCRIPTION OF EVENT

ACTIVITIES PLANNED FOR THIS EVENT

FIRST AID CONTINGENCY PLAN

FIRE EVACUATION PLAN

PERMISSIONS REQUIRED (TICK OFF ANY REQUIRED)

- ☐ Parent / Guardian forms.
- ☐ Budget plan.
- ☐ Social media / Media advertising.
- ☐ Venue booking confirmed.
- ☐ Food / Catering (note any special provisions relating to food allergies).
- ☐ Water based activity.
- ☐ Church or hire equipment required.

RESPONSIBLE PERSON / TEAM LEADERS FOR THIS EVENT

Name: _____	Contact Number: _____
Name: _____	Contact Number: _____
Name: _____	Contact Number: _____
Name: _____	Contact Number: _____

Attach plans and all relevant documentation to this form and meet with Church Ministry Supervisor for "Permission to Proceed".