



Date Received \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Initials of Extension Educator Reviewing \_\_\_\_\_

## Activity and Event Intent Form

This form must be filed in the Extension Office anytime your club is doing something outside of the regularly scheduled club meeting date and time. **Keep one copy for your records and file a copy with the extension office before the activity/event. Return by FAX, e-mail, US post office or personal delivery.**

*Examples of use:* field trip, tour, overnight trip, conducting an event/activity such as a horse show, dog show, livestock show, community service project, project group meeting, etc.

<b>ACTIVITY</b>	<b>CLUB NAME</b>	<b>Contact Person(s)</b>	
<b>DATE</b>	<b>TIME</b>	<b>Phone</b>	
Age of Youth Participants:		<b>Email</b>	
<b>PURPOSE FOR THE ACTIVITY/EVENT:</b>			
<b>LOCATION/ADDRESS/PHONE NUMBER FOR THE ACTIVITY/EVENT.</b>			
<b>TRAVEL/TRANSPORTATION PLANS</b> – Include route, stops for food or breaks, etc. Be very specific with where you will be stopping and for what reasons. (Reason for stopping i.e. Stopping at Sulphur in route to Dallas. Stop will be for gas and restrooms. Or stopping at Sulphur for a picnic lunch at Mason Park.)			
☼ Overnight Activity/Event?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Do you have activity/event insurance? Company _____ Policy # _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Did you purchase extra insurance for high risk activity(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Do you have Form 1 Youth Participation, Form 2 Prescription Medication, Form 4 Adult Health and Form 5 Adult 4-H Risk and Release for each participant? All forms have emergency contact information.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Have you reviewed the health forms for any special conditions or other pertinent information?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Is there pre-registration for the event? If yes, list the names of participant on page two. If no, submit a list of participants immediately following the event.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Have you completed the Crisis Management Plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Do you have copies of Form 8 Incident and Accidents?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
☼ Do you have a First Aid Kit with surgical gloves?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**ACCESS/SUPERVISION OF YOUTH - Volunteers** – List the name(s) of any adult/teen leader(s) involved with this activity/event and their duty/responsibility. Volunteers providing transportation or who will be in direct contact with youth must be certified volunteer in good standing, including WWM training. Any non-certified volunteer in immediate contact with youth, must be under the supervision of a “certified 4-H” volunteer” and understand their responsibilities.

Volunteer(s) Name	Certified 4-H Volunteer with current WWM training.		Specify Duty or Responsibility beside the name of each Volunteer listed. (i.e. chaperon, transportation, resource person, guest instructor, etc.)
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Add addition sheet/spaces as necessary

**4-H Members participating**


Add addition sheet/spaces as necessary

**Signature of volunteer(s) with primary responsibility for planning/coordinating activity/event.**

Signature	Date
Signature	Date

**Keep one copy of the form with you during the event/activity and file a copy with the extension office before the activity/event.**

Return by FAX, e-mail, US post office, or by personal delivery to your extension office.

### Crisis Management Planning

**This form and other pertinent authorization must be with you at the time of the event/activity.**

**In the event of an emergency please be prepared to follow protocol.**

#### STEP ONE – Club Leadership or County Educator

1. Severe Weather/Fire/Evacuation Plan. Be sure it is communicated to youth and adults.	<input type="checkbox"/> Done
2. Call 911 or appropriate emergency personnel _____ (Local hospital, minor emergency, etc.) Have medical release and insurance information available for emergency personnel/hospital/clinic.	<input type="checkbox"/> Done
3. See to any injured persons-using appropriate first aid. ASAP document treatment/action on Form 8.	<input type="checkbox"/> Done
4. Safety and security of other participants has been addressed to avoid further injuries or incidents.	<input type="checkbox"/> Done
5. Notify OSU Extension Office/Staff and be prepared to provide as much information as possible County Office # _____ Alternate number: _____ In the event the office is closed call: 4-H Educator _____ County Extension Director: _____ The Extension Office/personnel will continue communications through the appropriate protocol sequence. <b>Do not talk to the any news media. All statements and information will be handled by OSU/OCES.</b>	<input type="checkbox"/> Done
6. Call or instruct the Extension Office to contact all parents of youth participating in accordance with the Clery Act (federal <a href="#">statute</a> codified at <a href="#">20 U.S.C. § 1092(f)</a> ). Release children only to parents or guardians listed on the “in case of emergency” contact form.	<input type="checkbox"/> Done
7. Thoroughly complete and then file Form 8, Incident and Accident Form, with the Extension office immediately following the event.	<input type="checkbox"/> Done

#### STEPS TWO – FOUR – handled by OCES personnel

#### STEP FIVE– Post Crisis Recovery for Club and County Office

16. File any necessary post-trip insurance reports/forms with insurance company (crisis and non-crisis accidents). Be prepared for insurance claim questions.	<input type="checkbox"/> Done
17. Make sure the victims and their families understand exactly what happened.	<input type="checkbox"/> Done
18. Schedule sessions to deal with talking about the event. Take advantage of county and state resources for counseling, both for individuals and for the group immediately. Families need to be told what to expect. Continued communication with the families is important.	<input type="checkbox"/> Done
19. Keep records. Questions of liability are possible for 3 years after the age of majority (18 years old plus 3).	<input type="checkbox"/> Done
20. Return any belongings not claimed or lost during the accident/incident.	<input type="checkbox"/> Done