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| Office Use Only: |
| <input type="checkbox"/> SF _____ |
| <input type="checkbox"/> Review _____ |
| <input type="checkbox"/> MLRF _____ |

Activity Summary Form

If the Risk Management Committee required you to use a Medical & Liability Release Form for this activity, please submit all of those Release Forms with this summary form.

Name of group _____

Person in charge of activity _____

Date of Activity _____

Please list **ALL** the minors who attended (use the back of this paper if more space is needed) _____

Please list **ALL** the adults who attended. Include workers and non-workers. (use the back of this paper if needed)

Briefly describe how your activity went. Include what you did, where you went, and any significant things that happened. Please specify if you did anything different than what you wrote on your *Activity Request Form*.

Describe in detail any problems or significant incidents that occurred. This includes any accidents, injuries, disciplinary measures that were taken, sicknesses, etc.
