

FIELD TRIP CHAPERONE FORM

Name: _____

Supervising Teacher/Sponsor _____ Grade/Class: _____

Field Trip Date(s) _____ Destination: _____

I understand that my role as a chaperone is to ensure safety and well being of all students assigned to my supervision. Therefore, I agree.....

- To support the supervising teacher/sponsor in enforcing established rules, procedures and explanations for student participation and effort.
- To commit my undivided attention to the students I am assigned to supervise (therefore, I will not bring my child's siblings on the trip nor will I engage in activities which distract my attention from the students I supervise); and
- To model appropriate language and behavior and to abide by all CCSD policies and regulations which govern the behavior of employees during work hours for the entire duration of the field trip while in the presence of the students.

Signature

Date

If you will be transporting students in your own vehicle, please complete this section as well.

Vehicle make and model: _____

License tag number: _____

Insurance company and policy number: _____

(Please attach proof of insurance)

I understand that my vehicle insurance will serve as the primary insurance coverage in the event of an accident during the field trip. The district's insurance may be considered for coverage only after insurance coverage is exhausted.

Signature

Date