

Chaperone Responsibility Form

Date:	
Dear Parents:	
We appreciate your willingness to help chaperone this trip. Without assistance from chaperones, this trip would be possible. The responsibilities of a chaperone can be demanding mentally and physically. If you have any, o potential, limitations that may prohibit or minimize your ability to carry out the responsibilities of a chaperone, pl discuss this with the Teacher-In-Charge prior to the trip . The information provided will assist in planning. Reasonable accommodations, if necessary, will be considered to ensure your safety and health.	r
To assist us in making this a positive experience for all, we are requesting the following:	
 Chaperones should immediately alert the Teacher-In-Charge or other staff member under the following circumstances: 	ng
 Student becomes ill or injured or reports feeling ill or injured; Student becomes unmanageable in any way; Student's behavior makes the chaperone feel uncertain or uncomfortable; Student will not stay with the group or follow directions of the chaperone; Student becomes lost; or, Another chaperone seems to be having difficulty dealing with a student or group of students. 	
The notified staff member will then take appropriate action:	
 Please follow the instructions of the Teacher-In-Charge regarding supervision of the students assigne you. If you are unsure of your responsibilities, please clarify them with the Teacher-In-Charge. Pleas make the safety of the students your highest priority. Purchasing of souvenirs or food (other than the previously announced meal arrangements) is only per if approved by the Teacher-In-Charge. Please exercise consideration for and sensitivity to the needs, feelings, and comfort of all students under your supervision. As some students may have food allergies, students should not share food with one another, and chaperones are asked not to share food with students. When students use rest rooms, please exercise age-appropriate care to ensure student safety. Chaperones who are assigned groups of students are encouraged to conduct frequent "head counts" groups. Also, a "head count" should be taken on the bus at the beginning of the trip and prior to the departure of the bus for the return to school. Chaperones may not smoke or consume alcohol on any school-sponsored trip. If possible, chaperones are asked to bring cell phones and exchange contact numbers with the Teach Charge to assist in communication during the field trip. 	e mitted of their
Thank you for your assistance in making this a safe and positive experience for all students.	
Please read, and sign below:	
I understand that the Howard County Public School System shall not be held responsible for my inju- and/or loss of my personal property due to my voluntary involvement in an activity that is not require part of my responsibilities as a chaperone.	
The Howard County Public School System provides liability insurance coverage for claims that may filed concerning any actions or omissions by me, while within the scope of my duties as a chaperone	
☐ I have read, understand and can perform responsibilities/duties of a chaperone for Ellicott Mills Middle School's (Name of School) (Destination)	
☐ I give permission for my cell phone number to be shared with the other chaperones and HCPSS staff to ensure safety and communication on this trip.	
(Printed Full Name of Parent Chaperone) (Parent Signature/Date)	