



MANHATTAN BEACH UNIFIED SCHOOL DISTRICT CHAPERONE VOLUNTEER GUIDELINES FOR FIELD TRIPS

Chaperone Volunteer assistance is encouraged and welcomed by the Manhattan Beach Unified School District Board of Trustees, Superintendent and staff. As a chaperone volunteer of the district, it is important to understand your role and responsibilities in working with our students to assist you in maximizing your contribution to our educational vision and goals. We believe that field trips provide a valuable educational experience for the students of the district, and we thank you for volunteering your time and support to these important activities.

In an effort to ensure that District-sponsored field trips result in safe and rewarding experiences for all participants, we have prepared the following guidelines on volunteering as a field trip chaperone:

1. All Chaperone Volunteers must be at least 21 years of age.
2. All Chaperone Volunteers must be a district registered volunteer (fingerprint clearance) if there is any potential that the chaperone volunteers will have direct and unmonitored contact with any students without a credentialed employee of the school always being present.
3. Overnight chaperones must assume a 24-hour day responsibility for students from the time they leave until the time they return. Overnight chaperones may not retire until all students are in their rooms, all visiting between rooms has stopped, and the chaperones are sure the students are secure.
4. All school rules apply on district-sponsored events. Chaperones are expected to comply with District policies, follow the directions given by the District's supervising staff member, work cooperatively with other staff and volunteers, and model appropriate behaviors for students.
5. The level of student supervision of students while on a field trip is no less than the level of supervision of students required when students are on campus, participating in class, or participating in other school or school board activities.
6. Chaperones should be familiar with the school's Student Code of Conduct and Discipline, and shall report all suspected violations to the field trip supervisor immediately.
7. Chaperones may not drive students in a private vehicle unless prior approval has been obtained from the principal, and the appropriate forms ("Chaperone Volunteer Driver Agreement" and "Statement of Insurance on Private Vehicles") have been completed and signed.
8. A log with emergency numbers and designated contact people for students on the trip must be kept by each chaperone on duty.
9. In order to comply with district policy, during District sponsored events, chaperones:
 - a. may not use, sell, provide, possess, or be under the influence of drugs or alcohol
 - b. may not use tobacco in the presence of, or within the sight of, students
 - c. may not possess any weapon
 - d. may not administer any medications, prescription or nonprescription, to students.
10. For the protection of both the student and the chaperone, chaperones should not place themselves in situations in which they are alone with a student.
11. Chaperones may not bring siblings of participating students or other persons on a field trip unless they are a member of the official class or group participating in the trip.
12. Medical release waivers for each student shall be carried on all field trips. In case of an accident, the medical release waivers shall be presented to the treating physician. A student's permission slip shall be attached to the student injury incident report which is required with an accident.

13. Chaperones may not deviate from the established itinerary and assigned group.
14. Chaperones are encouraged to know how to provide assistance in an emergency (medical emergency, natural emergency, lost child, serious breach of a rule, etc.) by being aware of the adults on the trip who are trained in first aid, and the whereabouts of the first aid kit, etc.

You are valued for your service, and we hope that you will find your chaperone volunteer experiences rewarding.

I, _____
Printed Full Name of Chaperone Volunteer

Chaperone volunteer for _____ on _____
Name / Destination of Trip Date (or 1st day)

for _____ with _____
School Site Name of Supervising Teacher / Sponsor

I have read the and understand all of the responsibilities and duties of a Chaperone Volunteer, and I accept these responsibilities.

Signature Date

Cell Phone Number Home Phone Number Email

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

ADULT CHAPERONE VOLUNTEER PARTICIPATION IN VOLUNTARY ACTIVITY
HOLD HARMLESS AND MEDICAL TREATMENT AUTHORIZATION

(For all Chaperone Volunteers who are not employed by the Manhattan Beach Unified School District.)

Date: _____

Name: _____ hereby requests participation in
Print Full Name

the following activity: _____ from _____ to _____.
(Name & description of activity, please be specific) Start Date End Date

I understand that this activity could cause illness and/or injury. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As a condition of my participation as a Manhattan Beach Unified School District (District) chaperone volunteer in this activity, I acknowledge that workers' compensation is my only recourse for any bodily injuries sustained during my course as a District volunteer. I agree to waive all claims against Manhattan Beach Unified School District and to indemnify and hold District, its officers, agents, and employees harmless from any and all liability or claims, demands, losses, causes of action, suits or judgments of any kind whatsoever that I, my heirs, executors, administrators or assignees may have against the District or that any other person or entity may have against the District because of any death, bodily injury, personal injury, or illness, or because of any loss to property that may arise out of or in any way be connected with the above described activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

Signature

Date

Medical Insurance Carrier: _____ Policy Number: _____

In the event of an emergency, please contact:

1. _____
(Full Name) (Relationship)

Cell: _____

Email: _____

2. _____
(Full Name) (Relationship)

Cell: _____

Email: _____