## Chaperone Responsibility Form

Date	
responsibilities of a chaperone can be demanding mentally an minimize your ability to carry out the responsibilities of a chape	thout assistance from chaperones, this trip would not be possible. The d physically. If you have any, or potential, limitations that may prohibit or erone, please discuss this with the Teacher-In-Charge <b>prior to the trip</b> . The nmodations, if necessary, will be considered to ensure your safety and health.
To assist us in making this a positive experience for all, we are  • Chaperones should <i>immediately</i> alert the Teacher-In-  • Student becomes ill or injured or reports feeling  • Student becomes unmanageable in any way;  • Student's behavior makes the chaperone feel used to student will not stay with the group or follow direction of the student becomes lost; or,  • Another chaperone seems to be having difficulting the student becomes lost; or,	Charge or other staff member under the following circumstances: g ill or injured; uncertain or uncomfortable; rections of the chaperone;
your responsibilities, please clarify them with the Teacher • Purchasing of souvenirs or food (other than the previous	e regarding supervision of the students assigned to you. If you are unsure of -In-Charge. Please make the safety of the students your highest priority. usly announced meal arrangements) is only permitted if approved by the d sensitivity to the needs, feelings, and comfort of all students under your
<ul> <li>As some students may have food allergies, students st not to share food with students.</li> </ul>	nould not share food with one another, and chaperones are asked
When students use rest rooms, please exercise age-ap-	opropriate care to ensure student safety.
count" should be taken on the bus at the beginning of the	encouraged to conduct frequent "head counts" of their groups. Also, a "head trip and prior to the departure of the bus for the return to school.
Chaperones may not smoke or consume alcohol on an	
communication during the field trip.	and exchange contact numbers with the Teacher-In- Charge to assist in
Thank you for your assistance in making this a safe and positi	ve experience for all students.
Please read, and sign below:	
•	tem shall not be held responsible for my injury and/or loss of my activity that is not required as part of my responsibilities as a
The Howard County Public School System provides liab actions or omissions by me, while within the scope of my	ility insurance coverage for claims that may be filed concerning any y duties as a chaperone.
☐ I have read, understand, and can perform respons  Pointers Run Elementary School's field trip to	•
(Name of School)	(Destination)
☐ I give permission for my cell phone number to be sto ensure safety and communication on this trip.	shared with the other chaperones and HCPSS staff
(Printed Full Name of Parent Chaperone)	(Parent Signature) (Date)

Parent Cell Phone Number: