

# CHAPERONE FORM



## TRIP INFORMATION

School:	Destination:	Date of Trip:
Group:	Duration: <input type="checkbox"/> Day <input type="checkbox"/> Overnight	Advisor:
Activity/Purpose:		
Departure: Date:                      Time:	Return: Date:                      Time:	Transportation: School Vehicle: Other:

## CHAPERONE INFORMATION

Name:	TUSD Employment: <input type="checkbox"/> TUSD Certificated <input type="checkbox"/> TUSD Classified <input type="checkbox"/> NOT a TUSD Employee
Street Address:	
City/Zip:	Phone: Home (     )                      Work: (     )
Parent/Guardian Name:	
Insurance Company:	Policy #:
Allergies/Medications/Medical Condition: If you have any special instructions, kindly attach an explanation and check the appropriate box.	<input type="checkbox"/> Instructions Attached <input type="checkbox"/> No Instructions Attached

## CHAPERONE EMERGENCY CONTACT

Name:	Relationship:
Street Address:	
City/Zip:	Phone: Home (     )                      Work: (     )

## CHAPERONE RESPONSIBILITIES

The Principal/designee has thoroughly explained the purpose of the specific field trip or competitive event for which I am the designated chaperone. The Principal/designee has clearly informed me about my duties and responsibilities as a designated chaperone. The Principal/designee has given me a copy of the Trip/Travel Administrative Regulations (6174) which I have read and understand. As a designated chaperone, I agree to fulfill my duties as outlined by the Principal/designee and to fulfill all supervision requirements as listed in Regulation 6174. I understand that I may not consume alcoholic beverages or use controlled substances while on this trip.

## LIABILITY RELEASE

As provided for in California Education Code Section 35330, I waive all claims against the State of California or the Tustin Unified School District, its officers, employees and agents, for injury, accident, illness or death occurring during or by reason of this trip.

## MEDICAL AUTHORIZATION

In the event of any illness or injury, the parent/guardian hereby consents to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis and/or treatment and hospital care from a licensed physician and/or surgeon as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

**My signature below indicates that I have been informed of my responsibilities as a chaperone, and agree to the Liability Release and Medical Authorization.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date