

**Charleston County School District
Field Trip Chaperone Form**

Name: _____

Supervising teacher/sponsor: _____ Grade/Class: _____

Field trip dates(s): _____ Destination: _____

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

- Support the supervising teacher/sponsor in enforcing established rules, procedures and expectations for student participation and effort.
- Commit my undivided attention to the students I am assigned to supervise (therefore, I shall not bring my child's siblings on the trip nor shall I engage in activities which distract my attention from the students I supervise).
- Model appropriate language and behavior and abide by all Charleston County School District policies and regulations which govern the behavior of employees during working hours for the entire duration of the field trip while in the presence of the students.

Signature

Date

If you shall 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 shall 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 my insurance coverage is exhausted.

Signature

Date