

**DeWitt Public Schools**  
**DeWitt, MI 48820**

**Responsibilities of Trip Chaperones  
for Overnight or Out of State Trips**

The DeWitt Public Schools appreciates your willingness to assist us by serving as a chaperone for this sponsored trip. Your primary role as an adult chaperone is to supervise students and provide for their safety. In accordance with Board policy, we wish to inform you of the policies and procedures that will govern this trip and with which you are expected to comply.

- A. The trip leader is responsible for the preparation and conduct of the trip and is held accountable by the Superintendent for ensuring that the purpose of the trip is achieved. The chaperone is responsible for student supervision.
- B. The trip leader will provide you with detailed information about the trip. Please obtain answers from the trip leader, prior to the trip, to any questions you have concerning the purpose or the trip procedures.
- C. The students on the trip are governed by the District's Code of Conduct which prohibits any inappropriate behavior, such as discourtesy, fighting, harassment, drug-use, stealing, and the like. Your responsibility is not to invoke discipline on a student, except in cases of imminent threat to that student's or other people's safety or well-being, but to report any student behavior problems or any inappropriate conduct on the part of a fellow chaperone or staff member to the trip leader as soon as possible. Students are not to be left unattended.
- D. We ask that you model the behaviors expected of students throughout the times on the trip when you are associated with the students. If you have free time away from the students, as when they are with another chaperone, we trust your behavior will be such that it does not create problems for or embarrassment to the trip leader(s) or the District. Please keep the trip leader informed of your whereabouts so s/he can contact you in case of emergency.

Thank you again for your help, and we hope you enjoy this activity with our students as they participate in a meaningful educational experience.

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Chaperone

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Trip Leader

**DeWitt Public Schools  
DeWitt, MI 48820**

**VOLUNTEER RELEASE FORM**

I have offered my services as a volunteer to help the School District in the following areas:

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I agree to abide by all relevant Board policies and administrative guidelines while on duty for the District. I understand that, although I am covered under the District's liability insurance policy, I am not covered by its health insurance policy nor am I eligible for workers' compensation. Should I become ill or suffer an accident while doing volunteer work for the District, I agree that I shall be responsible for any and all hospital and medical charges that may accrue.

I understand further that, as a volunteer, I am not in any manner considered an employee of the District or entitled to any benefits provided to employees. I further release the Board of Education from any and all liability for any damages, whatever their nature, which may result as a consequence of my volunteer services.

For the protection of the children in the school, the District is required by law to inquire of its staff members whether or not they have ever been convicted of a crime related to children. We would appreciate your cooperation by indicating that you have never been convicted of any of the following offenses: aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, aggravated menacing, abuse or neglect of a child, kidnapping, abduction, child stealing, criminal child enticement, rape, sexual battery, corruption of a minor, gross sexual imposition, importuning, voyeurism, public indecency, felonious sexual penetration, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually-oriented matter involving a minor, illegal use of a minor in nudity-oriented material or performance, endangering children, contributing to the delinquency of children, carrying concealed weapons, improperly discharging a firearm at or into a school or house, corrupting another with drugs, placing harmful objects in or adulterating food or confection

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
District Witness

\_\_\_\_\_  
Date

**DeWitt Public Schools  
DeWitt, MI 48820**

**RESPONSIBILITY CONTRACT FOR OVERNIGHT TRIPS**

It is a privilege for you to participate in the District-sponsored trip to \_\_\_\_\_  
\_\_\_\_\_. Because this trip is part of the District's educational program, it is imperative that you adhere to the Code of Conduct for overnight trips as well as the applicable provisions of the general Code of Conduct. You must remember that from the time of departure to your arrival home, you are the responsibility of the District.

I agree to:

1. refrain at all times from the consumption of alcoholic beverages and/or drugs unless said drugs are prescribed by a physician and dispensed by school personnel.
2. sleep in my assigned room and not entertain members of the opposite sex in my room, unless my room door is fully opened, and an adult chaperone is notified.
3. keep my assigned chaperone advised of my whereabouts at all times.
4. attend all mandatory activities and meal functions.
5. adhere to all established curfews.
6. conduct myself in such a manner as to bring pride to myself, my family, my school, and my community.
7. adhere to any established dress code.
8. comply, throughout the trip, with any and all instructions directed to me and/or the group by a chaperone or staff member.

If a problem arises that is serious enough in nature to warrant the below-named student's removal from the travel group, we (the student and parent/guardian) agree to bear any additional costs to return the student home. NOTE: This removal decision will be made by the accompanying professional staff member after a student has been provided the opportunity to respond to any allegations. The student may also be subjected to discipline upon return home in accordance with general District policies.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Date

**DeWitt Public Schools  
Emergency Medical Authorization Permit**

Whenever my child is involved in a school activity and I am unavailable or otherwise unable to provide authorization directly, I grant to the school principal or his/her designee the authority to act for me and to provide any required consents and authorization for the delivery of emergency medical care, diagnoses, and treatment, including surgical intervention, if necessary, on behalf of my minor child listed below and to do all other necessary things as I might or could do to provide for the child's health and safety, if I were present.

This authorization is valid for the current school year or until such time as I withdraw the authorization.

Authorized \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian

Child's Name \_\_\_\_\_

(Last)

(First)

(Middle)

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Telephone \_\_\_\_\_

Parent or Guardian Names \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Father's Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Dentist Preferred \_\_\_\_\_ Telephone \_\_\_\_\_

Dentist's Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ I.D. No. \_\_\_\_\_

**Important Medical Information**

Allergies \_\_\_\_\_

Current Medications or Treatments \_\_\_\_\_

Previous Operations or Hospital Confinements \_\_\_\_\_

Other \_\_\_\_\_