Education Youth Development Outreach Chaperone Form

Ful	Il Name
Cel	ll Phone Number
E-n	mail Address
appi depi imm IN T	agree to abide by all safety expectations of Education Youth elopment Outreach. I am aware that I am fully responsible for my actions and any actions that are not ropriate are immediate grounds for my dismissal of Ed/Youth trips and activities. I also understand ending on the severity of any inappropriate behavior that local law authorities will be called, and I will be nediately dismissed from Ed/Youth with pending legal actions to follow. THE EVENT OF EMERGENCY CONDITIONS, the following procedures will be followed: 1. The trip authorities, or other qualified persons will give emergency first aid. 2. In case of serious injury I will be transported to the nearest hospital for examination by a physician. 3. I will/will not need special medication during this time away from home.
	a. Please list medication and time:
	me:
Nu	ımber:
	4. Please Provide Emergency Contact Information
Na	me:
Nu	mber:
annot be ative tha	All normal precautions will be taken to ensure a safe and worthwhile trip, however those in charge of this responsible for any difficulty arising from students not following directions or in case of an accident. It is at all participants understand all safety procedures as clearly instructed by Ed/Youth directors. It is not pevelopment Outreach HONORS ALL School Districts (Public, Private, Charter) Code of Conducts. Parents
or any ad ecure col	ult wishing to chaperone must participate in all activities leading up to the college tour. In order for a safe llege tour experience Education Youth Development Outreach honors all school district guidelines pertaining trips as outlined by the state of Illinois & Wisconsin. All volunteers are required to take a background
stered Vo	olunteer/Employee: School District YMCA/Boys & Girls Club America Church Library

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Every student & chaperone participating on the college tour is under the Ethic Code of Education Youth Development Outreach. Every Student & Chaperon must follow the Code of Conduct & Chaperone Expectations. I authorize the College Tour Authorized Chaperones to follow the emergency procedures as outlined above.

By signing, I agree that I have read and understand the above information and that all information regarding medication requirements and emergency contact information is correct and complete.

Signature:	Date:
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