Baltimore County Public Schools
Chaperone Agreement Form

TO BE COMPLETED BY THE CHAPERONE

Name (As it will appear on driver’s license)  Address:

Trip Destination:  Student’s Name:

Date(s) of Trip:  Student’s Classroom/Home Room No.

[Address:]  Home Phone No.:

Cell Phone:

DUTIES OF CHAPERONES

1. Sign in at school prior to the field trip and sign out prior to leaving school grounds.
2. All adults participating in a school field trip do so in a supervisory capacity and will follow the directions of the sponsoring teacher or other school personnel.
3. Chaperones should seat themselves at various points on the bus(es) as determined by the sponsoring teacher.
4. Do not discipline any student at any time. Report behavior concerns to the sponsoring teacher or other school personnel.
5. Chaperones shall refrain from bringing visitors, children, siblings or others in their care on the field trip.
6. Chaperones are to remain with the group during all scheduled activities.
7. Chaperones are expected to be aware and conscious of incidents or situations that may be safety problems.
8. The sponsoring teacher will make all decisions concerning appropriate behavior and the interpretation of school policies, rules and procedures.

All chaperones for day/extended-day field trips are required to complete a BCPS volunteer application, complete the BCPS volunteer training and requisite background screening and sign a BCPS Volunteer Training Certificate no later than 30 days prior to the scheduled field trip. For overnight field trips and foreign study programs, chaperones must also complete a commercial background check and Department of Social Services screening through the Office of Investigations and Records Management at least 30 days prior to the scheduled trip.

________________________________________                 ____________
Chaperone Signature                             Date

The chaperone must complete the information below:

Print First and Last Name: ____________________________

Emergency Contact’s Name: ____________________________

Emergency Contact’s Telephone Number(s): home: ______ cell: ____________________________

Complete Form, Sign, and Return to Your Child’s Home Room Teacher