

**CHAPERONE STATEMENT ACKNOWLEDGING
RESPONSIBILITIES AND DUTIES**

Staff Non-Staff
 I, _____ will
 chaperone for: *(Print Full Name)*
 _____ to
(Campus Name)

on

(Field Trip Destination/Group Traveling)

_____.
(Field Trip Day/Dates)

CHAPERONE DUTIES AND RESPONSIBILITIES AS PER FMG [REGULATION]:

Chaperones must be:

1. District employees; or
2. Any other adult approved by the principal and sponsor of the field trip who meets the eligibility requirements to volunteer in the District before the trip is scheduled for departure, including a criminal background check. (Note – a ‘cleared’ criminal background check is required of all school volunteers and nonemployee chaperones.)

The primary reason for the chaperones is to supervise a group of students. Chaperones are responsible for students and are expected to stay with their assigned group and monitor their behavior for the entire field trip from departure time until they return to school.

Chaperones are responsible for enforcing the Student Code of Conduct and other relevant District policy. The chaperones are additionally responsible for executing the submitted approved plan for student supervision for the entire field trip from the time of departure until the scheduled conclusion of the trip.

Chaperones must adhere to established basic guidelines for District-sponsored functions and additional guidelines as may be developed by the individual school. Chaperones are responsible for attending any designated information or procedural meeting prior to and during the field trip as are required by the school principal, sponsor, or designee.

Chaperones must sign a form acknowledging their responsibilities as chaperones and must not be allowed to smoke, use tobacco products of any type, consume alcoholic beverages or illegal drugs, or be involved in any illegal or immoral activity during the trip. [See FMG (EXHIBIT)]

The ratio of students to chaperones will be no greater than ten to one.

I, _____, have read and understand all the responsibilities and duties as chaperone. I accept these responsibilities without waiving any applicable immunity that may exist under the laws of the State of Texas or the United States.

Signature *Date*
 Chaperone Cell Phone Number: _____

Witness (Principal, Sponsor, and/or designee) *Date*