

CPP BAND BOOSTER CHAPERONE APPLICATION

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

EMAIL _____ CELL PHONE _____

(IN CASE OF EMERGENCY INVOLVING YOU, WHO MAY WE CONTACT)

EMERGENCY CONTACT PERSON: _____ Phone #: _____

ALLERGIES TO MEDICATIONS OR OTHER MEDICAL INFORMATION: (This information will be kept confidential)

CPR CERTIFIED ____ YES ____ NO IF YES, EXPIRATION DATE: _____

FIRST RESPONDER CERTIFIED ____ YES ____ NO IF YES, EXPIRATION DATE: _____

PRIOR CHAPERON EXPERIENCE:

DO YOU HAVE ANY MEDICAL BACKGROUND OR OTHER EXPERTISE THAT WOULD BENEFIT THE STUDENT AND THE BAND BOOSTERS IN CHAPERONING A BAND TRIP, AND ARE WILL TO USE IT IF NECESSARY? (Please explain)

ARE YOU ABLE TO CHAPERON IN THE NIGHTTIME HOURS WHILE THE STUDENTS ARE SLEEPING FOR AT LEAST A TWO-HOUR SHIFT? (This May Require Your Sleep to Be Interrupted For Several Nights in A Row? IF NO, PLEASE EXPLAIN:

YOUR AVAILABILITY/ INTEREST IN CHAPERONING THE TRIP:

(I have read and understand the “*CPP HIGH SCHOOL BAND CHAPERONE HANDBOOK*”)

YOUR SIGNATURE: _____ DATE: _____