



## **Chaperone Agreement for Council-sponsored *Bluespring Caverns Overnight Adventure***

I understand that as a trip chaperone I play an essential role in the success of the trip and that my attitudes, behavior, and responsibilities as a role model are critical to the success of the endeavor.

Therefore, I agree to do the following:

- Be sensitive to the needs of each girl participant.
- Respect the places and the people with whom I come in contact.
- Understand that I will be responsible for girls other than my daughter/troop
- Review and become familiar with all materials/forms/travel requirements and interpret them to girls and their families
- Ensure that Girl Scout safety standards and council policies/procedures are followed during all phases of the trip
- Participate in opportunities for girls to develop necessary skills and participate in team-building activities
- Be responsible for the safety and well being of ALL participants during travel which may include caring for a girl who becomes ill during travel and unable to participate in travel plans
- Participate in trip evaluation
- Be responsible for my personal belongings
- Share my experience with Girl Scouts from throughout Girl Scouts of Northern Illinois

I also understand that

- The use of alcohol or drugs by girls and adults will not be tolerated, and usage during the event may result in expulsion from the trip
- If I am dismissed due to any serious misconduct, it will be at my expense
- If I drop out, I will lose the \$28 non-refundable deposit.

\_\_\_\_\_  
Chaperone Signature

\_\_\_\_\_  
Date



# Bluespring Cavern Overnight Adult Information

Each adult attending Bluespring Cavern Overnight must have a completed information sheet on file at the time of departure.

Name \_\_\_\_\_ Troop/Group Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### PHYSICIAN INFORMATION

Name of physician \_\_\_\_\_ Physician's Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### SPECIAL NEEDS

Are there any special physical accommodations needed for the participant? If so, what are they? (Please note if using additional paper and attach detailed information.)

Are there any allergy or other medical concerns we need to be aware of for health and safety reasons? (Please note if using additional paper and attach detailed information.)

Please list any medications you are taking.

Name of medicine	prescription or nonprescription	reason for taking	dosage/ time	liquid/ pill	needs refrigeration
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(Please note if using additional paper and attach detailed information.)

### EMERGENCY NOTIFICATION

Please notify the following person in the event of an emergency.

Name \_\_\_\_\_ Relationship to participant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Business ( \_\_\_\_\_ ) \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_

### PERMISSIONS

\_\_\_\_\_ Yes \_\_\_\_\_ No I give my permission for the first aider at Bluespring Cavern Overnight to act on my behalf in an emergency dealing with my health and welfare and to provide me with emergency treatment by a licensed physician or first-aid personnel at the Bluespring Caverns Overnight.

\_\_\_\_\_ Yes \_\_\_\_\_ No I hereby consent that my name, image, and likeness, as shown in video, photographs or electronic images, and/or audio recordings made of my voice may be used for the purpose of promoting Girl Scouting, free and clear of any claim on my part.

Signature \_\_\_\_\_ Date \_\_\_\_\_