

FIELD TRIP REQUEST FORM - SWIMMING SUPPLEMENT

Type of Facility

_____ TUHSD pool
_____ Other school district pool.
_____ Commercial or public swimming facility
_____ Phone _____

_____ A private pool is being used; certificate of liability insurance for not less than \$1,000,000 has been obtained.
Name of owner: _____
Location of pool: _____
Phone: _____

_____ Parents notified and signed permission given.

_____ Swimming ability of staff and students determined.

_____ Lifeguard will be available.

_____ Written instructions on supervision/safety distributed to staff and chaperones.

_____ Provision made for students with varying swimming abilities.

_____ Provision made for flotation devices as appropriate.

_____ A one-on-one system for monitoring will be implemented.

_____ The principal and teacher initiating swim activities have, or will have, visited the site and assessed risks prior to trip.

_____ Written emergency procedures are in place.

_____ A ratio of not less than one chaperone for each 10 students will be maintained.

Staff Member in Charge, signature _____

Principal, signature _____ Date _____