

HAVERFORD MIDDLE SCHOOL
CAMP CANADENSIS PARENT CHAPERONE FORM

PLEASE PRINT

Volunteer's Name: _____ Student's Name: _____

Student's Homeroom #: _____ Student's Homeroom Teacher: _____

Relationship to Student: Mother _____ Father _____ Stepmother _____ Stepfather _____ Guardian _____

MOST CURRENT E-Mail Address: _____

Home Address: _____ ☐ **✓ if different from child**

City: _____ State: _____ Zip: _____

Home Phone: _____ Work#: _____ Cell#: _____

Occupation: _____ Employer: _____

1. Medical experience(s). Check if Applicable: MD/DO _____ RN _____ Pharmacist _____
Years: _____ Explain: _____

2. Have you attended a previous HMS camping trip? Yes _____ No _____
Year _____ Child's Name: _____ Current Grade: _____
3. List 3 reasons why you believe you would be an appropriate chaperone for the Camp Canadensis Field Trip:
● _____
● _____
● _____
4. Before you can apply to be considered as a chaperone you must apply for and be cleared for
● **PA Criminal Record Check - Free for volunteers**
● **PA Child Abuse Clearance - Free for volunteers**
● **FBI Federal Criminal History Report - \$27.00 – free if applying for affidavit**
5. Please check which clearances you already have on file with the School District.

_____ FBI Fingerprint _____ Child Abuse _____ Criminal History

Volunteer's Signature: _____ Date: _____

Please return to the sixth grade office by **Friday November 16, 2018**.

Thank you for your interest in your child's camping trip experience.

If you have any questions, please call: **Mr. Matthew Crater, ext. 5561**