Once completed, please submit this form to the relevant Division Principal and the Director of Experiential Education/Risk Management- jwillis@chadwickschool.org. This form should also be shared with all Chaperones.

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|  OVERVIEW (Insert rows throughout as needed) |
| **EVENT NAME:** |  |
| **DATE(S):** |  |
| **PURPOSE:** |  |
| **NUMBERS:** | Total people on campus: Total adults: Total students: |
| **GUESTS:** | Are any non CI participants attending? YES/NO (If yes, please include details below) |
| FACULTY/CHAPERONES |
|  | **NAME** | **MOBILE #** |
| **FACULTY LEADER:** |  |  |
| **CHAPERONE:** |  |  |
| **CHAPERONE:** |  |  |
| **CHAPERONE:** |  |  |
| **CHAPERONE:** |  |  |
| EMERGENCY INFORMATION |
| IN THE EVENT OF AN EMERGENCY, PLEASE ACCESS THE PORTAL FOR STUDENT EMERGENCY CONTACT DETAILS |
| NEAREST HOSPITALS: GIL Hospital- 1198, Guwol-dong, Namdong-gu, Incheon: General phone- 1577-2299 Red Cross Hospital-580-3, Yeonsu-dong, Yeonsu-gu, Incheon: General phone- 032-899-4000 |
| EMERGENCY NUMBERS: Fire, Emergency and Ambulance- 119 Police- 112 |
| **STUDENT PARTICIPANT INFO** |
| **Total number of students participating:** |
| **Grade level(s) of students:** |
| **STUDENT NAME** | **GRADE** | **STUDENT NAME** | **GRADE** |
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| SCHEDULE |
| **DATE:** | **ACTIVIITIES** | **LOCATIONS ON CAMPUS** |
|  |  |  |
|  |  |  |
| **CONTACTS** |
| **CI EMERGENCY CONTACT INFORMATION:** | **Shelly Wille- Head of School- 010 7123 6531** |
| **Craig Williamson- Asst Head of School- 010 7123 1668** |
| **Jen Willis- Director of Experiential Ed- 010 4796 3697** |
| **Russell McGrath- US Principal- 010 5163 6008** |
| **Connie Kim**- MS Principal- 010 9659 8222 |
| **Julian Taylor- VS Principal- 010 3394 0913** |
| **CI Security- 032-250-5082** (Gate 2 phone) |
| **NON CI PARTICIPANTS** |
| **NAME/Age** | **School/****Orgnaization** | **NAME/Age** | **School/****Orgnaization** |
|  |  |  |  |
|  |  |  |  |
| **MEDICAL INFORMATION- are there any significant concerns chaperones must be aware of?**EG- Allergies, medical conditions, physical limitations? |
| **NAME** | **CONDITION** | **TREATMENT** |
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