



School District No. 36 (Surrey)

SUPERVISORS' INFORMATION SHEET FOR EXTENDED FIELD STUDIES

Name of Supervisor: _____ Male Female

District Employee: Yes No

Note: A criminal record check (PIC-VS) is required for non-district employees

First Aid Certification Yes No Certification Date: _____

Pertinent medical information: _____

Emergency contact name & phone number: _____

International Travel Only:

Passport #: _____ Expiry Date: _____

Medical Insurance Carrier: _____ Policy #: _____

Please initial here _____ to indicate that you have read and understood the expectations for a Supervisor as shown in [8901.2](#).

School: _____

Educator-In-Charge: _____

Destination of Field Study: _____

The Surrey School District provides Accident and Liability Insurance to protect volunteers while acting for the District. Please see your Principal for details.

I accept all of the risks and the possibility of personal injury or property damage resulting from my volunteer activities.

Signature of Supervisor: _____ Date: _____