



School District No. 36 (Surrey)

SUPERVISORS' INFORMATION SHEET FOR EXTENDED FIELD STUDIES

Name of Supervisor: _____

First Aid Certification: YES NO Certification Date: _____

Passport #: _____ Expiry Date: _____

Pertinent medical information: _____

Emergency Contact Information: _____

**Please initial box 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: _____