

Bouverie Preserve of Audubon Canyon Ranch

Hiking Group Emergency Form

Dear Teacher,

Please note that the **hike will start at 10:00 AM and end at 1:30 PM**. Please **divide your class into _____ hiking groups** and list students and chaperones by **first and last name, below**.

Once the form is completed, please make a single sided photocopy. Give both copies to the docent in charge when you arrive at the preserve. The docents will add their names to each list. One list will go to the staff anchor and the other will be cut for the docents to take with them on the hike.

Please make sure each student is wearing a name tag upon arrival and that each knows their assigned group number.

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GROUP 1 Student List for Emergency Contact

Hike Date: _____ School: _____ Teacher: _____

Docent: _____ Docent Cell Phone: _____

Full names of students:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Chaperone: _____ Chaperone Cell Phone: _____

If a student has a serious allergy or medical condition, they must hike with their teacher or their own parent.

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GROUP 2 Student List for Emergency Contact

Hike Date: _____ School: _____ Teacher: _____

Docent: _____ Docent Cell Phone: _____

Full names of students:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Chaperone: _____ Chaperone Cell Phone: _____

If a student has a serious allergy or medical condition, they must hike with their teacher or their own parent.

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GROUP 3 Student List for Emergency Contact

Hike Date: _____ School: _____ Teacher: _____

Docent: _____ Docent Cell Phone: _____

Full names of students:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Chaperone: _____ Chaperone Cell Phone: _____

If a student has a serious allergy or medical condition, they must hike with their teacher or their own parent.

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GROUP 4 Student List for Emergency Contact

Hike Date: _____ School: _____ Teacher: _____

Docent: _____ Docent Cell Phone: _____

Full names of students:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Chaperone: _____

Chaperone Cell Phone: _____

If a student has a serious allergy or medical condition, they must hike with their teacher or their own parent.

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GROUP 5 Student List for Emergency Contact

Hike Date: _____ School: _____ Teacher: _____

Docent: _____ Docent Cell Phone: _____

Full names of students:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Chaperone: _____

Chaperone Cell Phone: _____

If a student has a serious allergy or medical condition, they must hike with their teacher or their own parent.

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GROUP 6 Student List for Emergency Contact

Hike Date: _____ School: _____ Teacher: _____

Docent: _____ Docent Cell Phone: _____

Full names of students:

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Chaperone: _____

Chaperone Cell Phone: _____

If a student has a serious allergy or medical condition, they must hike with their teacher or their own parent.

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