

Responsibilities of Teachers and Chaperones

Thank you for taking the time to help make your group's visit to the **Florida State University Coastal and Marine Laboratory** successful. Your attention to student behavior & group dynamics will make the experience more rewarding for all involved. During your visit, we will depend on you to monitor your students' general behavior. Our staff must concern themselves with other activities during your visit and cannot act as chaperones. We ask that you watch for and stop incidents in which students argue, push or fight, or destroy marine lab property because these activities are not tolerated, nor are they fair to the well-behaved students. Further, they are likely to influence the teacher's future participation in activities at the marine lab.

Please FILL OUT the information below and BRING IT WITH YOU on your FSUCML trip.

State of Florida Workers' Compensation Special Disability Trust Fund 440.49 F.S. - Chaperone Information

Chapter 440, Florida Statutes, provides for recovery from the Special Disability Trust Fund where an injury merges with a pre-existing permanent physical impairment to cause a greater disability than would have resulted from the injury alone. However, in order to recover from the Special Disability Trust Fund, it is required that the State have knowledge of this impairment prior to the occurrence of the compensable injury. In addition to a general category of impairments, there are certain specific impairments outlined by the above statutes. Therefore, the following questions are to be answered by each employee.

1. Have you ever had a serious illness, injury, or operation? YES ___ NO ___
2. Have you ever received Workers' Compensation benefits for an injury? YES ___ NO ___
3. Do you now have or have you ever had any disability rating, either temporary or permanent, assigned to you by an insurance company or governmental agency, either federal, state, county, or city? YES ___ NO ___
4. Do you now have or have you ever had any physical handicap or disability including the following? If so, please circle.
Epilepsy Diabetes Cardiac Disease
Cerebral Palsy Vascular Disorder Parkinson's Disease
Hemophilia Hyperinsulinism Muscular Dystrophy
Thrombophlebitis Total Deafness Mental Retardation
Multiple Sclerosis Chronic Osteomyelitis Marie-Strumpell Disease
5. Have you ever had or do you now have back trouble or complaints? YES ___ NO ___
6. Have you ever had:
Amputation of foot, leg, arm or hand? YES ___ NO ___ Hernia? YES ___ NO ___
Total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75% bilaterally? YES ___ NO ___
Allergic dermatitis or other allergies? YES ___ NO ___
Herniated intervertebral disc? YES ___ NO ___
Surgical removal of an intervertebral disc or spinal fusion? YES ___ NO ___
Residual disability from poliomyelitis? YES ___ NO ___
Psychoneurotic, emotional or nervous disorder? YES ___ NO ___
Ankylosis of a major weight-bearing joint? YES ___ NO ___
Any permanent physical condition which constitutes a 20% impairment of a member or of the body as a whole?
YES ___ NO ___
Explain all YES answers. _____

Name: _____ Date: _____
(printed)

I understand that I am acting as a volunteer and will receive no salary or benefits for services rendered.

Teacher's/Chaperone's Signature