Bouverie Preserve of Audubon Canyon Ranch
Hiking Group Emergency Form

Divide your class into ______ hiking groups and complete this form listing students and chaperones by first and last name. Make a single sided photocopy of the completed form prior to the hike. 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 and knows their assigned group number.

Hike Date: ___________________________ School: ___________________________
Teacher: ___________________________ Cell Phone: ___________________________

---3---

GROUP 1

Hike Date: ___________________________ School: ___________________________
Docent: ___________________________ Cell Phone: ___________________________
Chaperone/Teacher: ___________________________ Cell Phone: ___________________________

Students (first and last names):
1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________
6. ___________________________

A student with a serious allergy or medical condition must hike with their own parent or teacher.

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GROUP 2

Hike Date: ___________________________ School: ___________________________
Teacher: ___________________________ Cell Phone: ___________________________
Docent: ___________________________ Cell Phone: ___________________________
Chaperone/Teacher: ___________________________ Cell Phone: ___________________________

Students (full names):
1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________
6. ___________________________

A student with a serious allergy or medical condition must hike with their own parent or teacher.

---3---

GROUP 3

Hike Date: ___________________________ School: ___________________________
Teacher: ___________________________ Cell Phone: ___________________________
Docent: ___________________________ Cell Phone: ___________________________
Chaperone/Teacher: ___________________________ Cell Phone: ___________________________

Students (full names):
1. ___________________________
2. ___________________________
3. ___________________________
4. ___________________________
5. ___________________________
6. ___________________________

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Hike Date: ____________________________ School: ____________________________
Teacher: ____________________________ Cell Phone: ____________________________

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GROUP 4

Hike Date: ____________________________ School: ____________________________
Teacher: ____________________________ Cell Phone: ____________________________
Docent: ____________________________ Cell Phone: ____________________________
Chaperone/Teacher: ____________________________ Cell Phone: ____________________________
Students (full names):
1. ____________________________ 4. ____________________________
2. ____________________________ 5. ____________________________
3. ____________________________ 6. ____________________________

A student with a serious allergy or medical condition must hike with their own parent or teacher.

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GROUP 5

Hike Date: ____________________________ School: ____________________________
Teacher: ____________________________ Cell Phone: ____________________________
Docent: ____________________________ Cell Phone: ____________________________
Chaperone/Teacher: ____________________________ Cell Phone: ____________________________
Students (full names):
1. ____________________________ 4. ____________________________
2. ____________________________ 5. ____________________________
3. ____________________________ 6. ____________________________

A student with a serious allergy or medical condition must hike with their own parent or teacher.

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GROUP 6

Hike Date: ____________________________ School: ____________________________
Teacher: ____________________________ Cell Phone: ____________________________
Docent: ____________________________ Cell Phone: ____________________________
Chaperone/Teacher: ____________________________ Cell Phone: ____________________________
Students (full names):
1. ____________________________ 4. ____________________________
2. ____________________________ 5. ____________________________
3. ____________________________ 6. ____________________________

A student with a serious allergy or medical condition must hike with their own parent or teacher.