

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: _____

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GROUP 1

Hike Date: _____ School: _____

Docent: _____ Cell Phone: _____

Chaperone/Teacher: _____ Cell Phone: _____

Students (first and last names):

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

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

--- ✂ ---

GROUP 2

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 3

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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Hike Date: _____ School: _____
Teacher: _____ Cell Phone: _____



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.



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.



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.