

Application and Procedures for Use of School Facilities

To be submitted to the Building Principal/ Athletic Director and then Superintendent

This application must be approved before a group is allowed to use school facilities. School organizations, school-sponsored programs, and organizations whose primary purpose is to benefit the students or provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. Use of school facilities for school purposes has precedence over all other uses.

Organization Name	Requested School Building
Adult Supervisor from Organization (<i>must be 21 years of age or older</i>)	Phone/email address
Program/Activity	Date(s)
Estimated Attendance	Start/End Time(s)

1. Specific Spaces Requested in the Building

Classroom (s) How Many_____	Y	N
Gym	Y	N
Locker Rooms	Y	N
Weight Room	Y	N
Cafeteria	Y	N
Kitchen	Y	N
*Auditorium	Y	N
Commons (MCIS Only)	Y	N

Equipment Needed: Please Circle

***For the Auditorium Only: Please Circle**

Projection

Projection

Sound System

Sound/MicrophoneEquipment

Lights

If using MCHS Auditorium AV Equipment, you are required to use one of our staff at a cost of \$20/hour. Absolutely no food or drink is allowed in the auditorium. _____ *Initial if you agree.*

2. All groups must supply adequate supervision to ensure proper care and use of school facilities.

- All groups are responsible to the Board for the use and care of the school facility. All adult supervisors must have cell phones with them at all times.
- Sufficient, competent adult supervision must be provided and the adult supervisor must ensure that no minor is left alone after the activity.

- Only the cafeteria, auditorium, gymnasium, and athletic field, along with needed hallways and parking areas, are available for community use. Entering any room or area not in use by the group is prohibited. The adult supervisor will vacate the facility at the scheduled end time. Use of the school facility is not permitted past the agreed end time.
- No furniture or equipment may be moved without prior approval from the Building Principal.
- Signs, displays, or materials may not be attached, nailed, or otherwise affixed to walls.

_____ *Initial if you agree.*

3. All groups must agree to:

- Indemnify and hold harmless the District and its agents and employees for and from any and all loss including attorneys' fees, damages, expense, and liability arising out of its use of school property.
- Pay any damages to school facilities, furniture, or equipment arising out of its use of school property whether such damage was accidental or deliberate. The cost of damages will be based on the repair or replacement cost, the choice of which is at the School Board's discretion.

_____ *Initial if you agree.*

4. All non-school related groups must

- Supply proof of insurance naming Mercer County School District as an additional insured and verifying that the group maintains adequate insurance coverage against personal injury and/or property loss: _____

Insurance provider name and contact number

Rental charge (unless waived by Board policy): \$15/hr

Custodial Fee (if needed): \$25/hr

Payment Method: Check Cash

If payment is by check, please make check payable to: Mercer County School District

_____ *Initial if you agree.*

5. All groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an AED is used.

_____ *Initial here if this is agreeable*

6. All groups must agree to follow the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6*. Important: The District will not supervise the activity nor will it supply trained AED users to act as emergency responders at any time, including during staffed business hours.

- Activity being proposed is not in a physical fitness facility.

_____ *Initial here if this is agreeable*

- Copy of the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility* has been provided. (77 Ill.Admin.Code §527.800(c).

_____ *Initial here that a copy was received.*

7. If the request involves a physical fitness facility, the group must:

- Designate at least one adult supervisor who agrees to be an emergency responder. All emergency responders are encouraged to be trained in CPR and trained AED users.
- Give a copy of the District's plan for responding to medical emergencies to each designated emergency responder.
- Require that 9-1-1 be called for medical emergencies and whenever an AED is used.
- Ensure that each designated emergency responder knows the location of first aid equipment and any AED.
- Ensure that only trained AED users operate an AED, unless the circumstances do not allow time for a trained AED user to arrive.
- Arrange for at least one emergency responder to have a tour of the facility before the activity.
- Ensure that if an AED is used, the Superintendent is informed and all appropriate forms are completed (4:170-AP6, E2, *Automated External Defibrillator Incident Report*).

_____ *Initial here if this is agreeable*

I certify that I am authorized to act for the above-named organization. I understand that: (1) the granting of this request does not constitute recognition of my organization as a school-related group or activity, and (2) my organization may not represent itself or any of its activities as school-related.

I agree to: (1) abide by the conditions stated in this application, and (2) adhere to all Board policies and administrative procedures applicable to this use of the school's facility. Proof of Insurance must be attached with this form.

I understand a Pre-Event meeting may be required by the school to discuss specific needs/requests prior to the event.

_____ Applicant name <i>(please print)</i>	_____ Telephone number
_____ Address	_____ Email address
_____ Applicant signature	_____ Date

The Superintendent or designee will base his or her decision on the information being provided in this application as well as other criteria deemed important. *(Note to Superintendent or designee: After approving or denying this application, return a copy of it to the person making the request, keep the original in the central office, and send a copy to the appropriate Building Principal.)*

- Approved/ fees waived** **Approved with following Rental Fee:_____ Custodial Fee:_____**
 Denied

_____ Principal or Athletic Director	_____ Date
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Superintendent

EMERGENCY RESPONSE PLAN

Follow the Step-by-Step Emergency Response Plan described below:

- 1) Immediately notify the adult in charge. Under life and death circumstances call 9-1-1 without delay.
- 2) Bring the first aid equipment and AED to the emergency scene. Apply first aid, CPR and/or the AED, as appropriate. The AED should be operated only by trained AED users for the intended purpose of the AED, unless the circumstances do not allow time for a trained AED user to arrive.
- 3) Immediately inform the Building Principal or designee of the emergency.
- 4) If necessary, instruct someone to call 9-1-1, providing the location in the building and which entrance to use. This person should make sure someone is sent to open the door for paramedics and guide them to the scene.
- 5) When paramedics arrive and assume care of the victim, the adult in charge or other staff person notifies the victim's parent/guardian or relative.
- 6) If an AED was used, the person using it cooperates and provides any information requested by the local emergency communications or vehicle dispatch, so they can complete the Data Collection and Submission report about the use of the AED. If appropriate, a supervising staff member completes an accident report.
- 7) If an adult refuses treatment, the adult in charge documents the refusal and, if possible, asks the adult to sign a statement stating that he or she refused treatment.

The Illinois High School Association posts a hands-only cardiopulmonary resuscitation and automated external defibrillators training video on its website. You are encouraged to view the video, which will take less than 15 minutes of your time, at:

www.ihsa.org/Resources/SportsMedicine/CPRTTraining.aspx.