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 facility	
Adult Supervisor from Organization (must be 21 years of age or older)	Phone/email address	
Program/Activity	Date(s) and start/end time(s)	
Equipment needed		
 must have cell phones with them at all times. Sufficient, competent adult supervision must be pminor is left alone after the activity. Only the cafeteria, auditorium, gymnasium, and a areas, are available for community use. Entering a supervision of the community of the cafeteria. 	e and care of the school facility. All adult supervisors provided and the adult supervisor must ensure that no athletic field, along with needed hallways and parking any room or area not in use by the group is prohibited. It is scheduled end time. Use of the school facility is not out prior approval from the Building Principal.	
 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 propert 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 here if this is agreeable 		
3. All non-school related groups must		
verifying that the group maintains adequate ins property loss:	surance coverage against personal injury and/or 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 here if this is agreeable		

4.	All groups must agree to use appropriate emergency medical emergencies and whenever an AED is used.	procedures including calling 9-1-1 for
	Initial here if this is agreeable	
5.	All groups must agree to follow the District's Plan for Res. Physical Fitness Facility, 4:170-AP6. Important: The District	ct will not supervise the activity nor will it
	supply trained AED users to act as emergency responders at hours.	any time, including during started business
	Activity being proposed is not in a physical fitness facili	ty.
	Initial here if this is agreeable	
	Copy of the District's <i>Plan for Responding to a Medical</i> has been provided. (77 Ill.Admin.Code §527.800(c).	Emergency at a Physical Fitness Facility
	Initial here that a copy was received.	
6.	If the request involves a physical fitness facility, the group	-
	Designate at least one adult supervisor who agrees to be an responders are encouraged to be trained in CPR and trained in CPR. On the Private Research	I AED users.
	Give a copy of the District's plan for responding to medical responder. Provided to 1.11 be called formal independent of the control of	
	 Require that 9-1-1 be called for medical emergencies and w Ensure that each designated emergency responder knows the 	
	 Ensure that only trained AED users operate an AED, unless trained AED user to arrive. 	
	 Arrange for at least one emergency responder to have a tou 	r of the facility before the activity.
	• Ensure that if an AED is used, the Superintendent is inform (4:170-AP6, E2, <i>Automated External Defibrillator Incident</i>)	11 1
	Initial here if this is agreeable	
gran activ I agı adm	rtify that I am authorized to act for the above-named ating of this request does not constitute recognition of my rity, and (2) my organization may not represent itself or an ree to: (1) abide by the conditions stated in this application inistrative procedures applicable to this use of the school ched with this form	organization as a school-related group or y of its activities as school-related. n, and (2) adhere to all Board policies and
App	plicant name (please print)	Telephone number
Ado	dress	Email address
App	plicant signature	Date
appli deny office	Superintendent or designee will base his or her decision ication as well as other criteria deemed important. (Note to Sting this application, return a copy of it to the person making e, and send a copy to the appropriate Building Principal.) Approved/ fees waived Approved with following Reference.	uperintendent or designee: After approving on the request, keep the original in the centra
Pri	incipal or Athletic Director	Date
Sup	perintendent	

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/CPRTraining.aspx.