
Red Bud CUSD 132

Application and Procedures for Use of School Facilities

To be submitted to the Superintendent

This application must be approved before a non-school related group is allowed to use school facilities. School organizations, school-sponsored programs, and organizations whose primary purpose is to provide financial assistance to the school are all considered, for the purpose of this application, to be school-related. *Please attach insurance forms and details as needed.

Organization Name	School & Area (Gym, MPR, Cafeteria)
Program/Activity/Participants	Program/Activity Dates & Times
Equipment needed	Materials to be brought into facility
Room arrangement, including decorations	Food service required

1. All non-school related groups must supply adequate supervision to ensure proper care and use of school facilities.

- Only the cafeteria, multipurpose room, gymnasium, and athletic field, along with needed hallways, restrooms, and parking areas, are available for community use.
- 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 here if this is agreeable*

2. *All non-school related groups must agree to provide proof of Insurance:

- 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 Board's discretion.
- Supply proof of insurance, copy of policy to be attached to this application, verifying that the group maintains adequate insurance coverage against personal injury and/or property loss:

_____ Insurance provider name and contact number

_____ *Initial here if this is agreeable*

3. All non-school related groups must pay the following fees:

Rental Charge (fees and any additional costs): \$ _____

District Personnel Cost: \$ _____

Total Cost for this rental agreement: \$ _____

_____ *Initial here if this is agreeable*

4. The use of school facilities for school purposes has precedence over all other uses.

_____ *Initial here if this is agreeable*

5. All non-school related 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 non-school related groups must accept the fact that the District will not supply individuals to act as emergency responders.

_____ *Initial here if this is agreeable*

7. If the request involves an indoor physical fitness facility, the non-school related group must:

- Designate at least one adult who agrees to be an emergency responder. If possible, all emergency responders should be trained CPR and AED users.
- 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, all appropriate forms are completed (4:170-E6, *Automatic External Defibrillator Incident Report- attached*).

_____ *Initial here if this is agreeable*

I agree to abide by the conditions stated in this application and agree to adhere to all Board policies and administrative procedures.

_____	_____
Applicant name and address (<i>please print</i>)	Telephone number
_____	_____
_____	_____
_____	_____
_____	_____
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 Denied

Superintendent or designee Date

Red Bud CUSD 132

Automatic External Defibrillator Incident Report

To be completed by the person who used the AED

Patient name: _____ Age: _____

Patient identification: Student Parent Other: _____

Date of incident: _____ Description of incident: _____

Name of person who determined victim's unresponsiveness: _____

Name of person applying AED: _____

Number of times patient was defibrillated: _____

Time 9-1-1 was called: _____

Patient vitals prior to arrival of EMS: Breathing Yes No

Pulse Yes No

Heart rhythm: _____

Time EMS arrived: _____

Patient vitals after arrival of EMS: Breathing Yes No

Pulse Yes No

Heart rhythm: _____

Patient transported to: _____

List series of events from start of emergency until conclusion:

Forward completed incident report to the Superintendent. Upon receipt, the Superintendent or designee shall send or fax this incident report to the EMS System Resource Hospital.

Signature of person who administered AED

Date

Print Name, Address and Phone Number of person who administered AED

Red Bud District 132 Facility Use Fee and Costs

Gym, Cafeteria, and/or Multipurpose Room Rental

- 1. Fees \$25.00 per hour for Profit Organizations
 \$20.00 per individual (maximum 3 hours)
 \$10.00 per non-profit organization (maximum 3 hours)

2. School District personnel must be assigned to supervise facility use.

Cost of custodial, cafeteria, and/or district staff to be determined by our actual cost to Red Bud Community Schools.

Staff assigned: _____

Hours: _____

Staff Cost \$ _____

3. Additional Costs may be assessed as deemed necessary and appropriate on a case by case basis: _____

\$ _____

4. Total Cost \$ _____

_____ Paid cash

_____ Paid by check # _____

Received by: _____

Date: _____