

# BHS D 38 BELIEVING IN HIGHER STANDARDS

BIG HOLLOW SCHOOL DISTRICT 38

[www.bighollow.us](http://www.bighollow.us)

Mr. Robert Gold, Superintendent

**Big Hollow District Office**  
26051 W. Nippersink Rd.  
Ingleside, IL 60041  
Phone 847-740-1490  
Fax 847-740-9172

**Big Hollow Primary School (EC-1)**  
33335 N. Fish Lake Rd.  
Ingleside, IL 60041  
Phone 847-740-5320  
Fax 847-740-3490

**Big Hollow Elementary (2-4)**  
33315 N. Fish Lake Rd.  
Ingleside, IL 60041  
Phone 847-740-5321  
Fax 847-740-3795

**Big Hollow Middle School (5-8)**  
26051 W. Nippersink Rd.  
Ingleside, IL 60041  
Phone 847-740-5322  
Fax 847-740-9021

**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. Use of school facilities for school purposes has precedence over all other uses.

<b>Organization name</b>	<b>Requested school facility</b>
<b>Supervisor from organization</b> <i>(must be 21 years of age or older)</i>	<b>Phone/email address</b>
<b>Program/activity</b>	<b>Date(s)</b>
<b>Set Up Time Start</b> <i>(building will be opened at this time)</i>	<b>Program Start Time</b>
<b>Clean Up End Time</b> <i>(building staff will be locking building at this time)</i>	<b>Program End Time</b>
<b>Equipment needed</b>	<b>Materials to be brought into facility</b>
<b>Room arrangement, including decorations</b>	<b>Food service required</b>

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

- The non-school related group is 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 here if this is agreeable*

- Food and/or drink items are forbidden anywhere in the building except in the cafeteria/kitchen areas.
- Use of equipment in the kitchen must have prior approval.
- It is the responsibility of the renting organization to ensure lights/fans are turned off, doors are locked and secured, trash is taken to the dumpster, floors are swept, and windows are closed.
- Facilities cannot be used for individual student parties.
- All programs, performances, or any usage of the school buildings must conclude before 10:00 p.m., unless authorization is received by the superintendent.
- The school district shall not be responsible for any property left on the premises during or after a scheduled activity.

**2. All non-school related 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.
- Supply proof of insurance naming Big Hollow SD38 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)  
\_\_\_\_\_ *Initial here if this is agreeable*

- All State and Local fire safety laws and regulations must be observed.

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

Rental charge (unless waived by Board policy): \_\_\_\_\_

Meal and beverage service (cost as determined by the cafeteria supervisor): \_\_\_\_\_

\_\_\_\_\_ *Initial here if this is agreeable*

**4. Payment Method:**     Check             Money Order

If payment is by check, please make check payable to: **Big Hollow SD38**

**5. All non-school related groups must agree to use appropriate emergency procedures including calling 9-1-1 for medical emergencies and whenever an Automatic External Defibrillator (AED) is used.**

\_\_\_\_\_ *Initial here if this is agreeable*

**6. All non-school related groups must agree to follow the District's *Plan for Responding to a Medical Emergency at a Physical Fitness Facility, 4:170-AP6E2.***

**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 §§527.400(a) and 527.800(c). **Important:** State law encourages all non-District coaches, instructors, judges, referees, or other similarly situated non-District anticipated rescuers who use the physical fitness facility in conjunction with the supervision of physical fitness activities to complete a course of instruction that would qualify them as a trained AED user under Ill. law. 410 ILCS 4/10; 77 Ill.Admin.Code §527.100.

\_\_\_\_\_ *Initial here that a copy of the Plan was received and that the Applicant has read and understands the above note.*

**7. If the request involves a physical fitness facility, the non-school related 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.

\_\_\_\_\_ *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. Violations of any of these rules and regulations could result in the suspension or cancellation of the use of facilities for the remainder of the school year.**

**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.**

_____	_____
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**                       **Denied**

_____	_____
Superintendent or designee	Date

Class	Description	Rate Monday-Sunday <i>All Buildings</i>	Fees <i>Set Up, Clean Up, or Custodial Fees if required</i>
1	School Sponsored Programs	\$0	*After hours Open & Close Fee may be required \$30
2	Non-Profit Organizations	\$20/hour <i>(2 hour minimum)</i>	\$30 per hour set up, clean up, or custodial assistance if needed. *After hours Open & Close Fee may be required \$30

3	For-Profit Organizations	\$50/hour (2 hour minimum)	\$30 per hour set up, clean up, or custodial assistance if needed. *After hours Open & Close Fee may be required \$30
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*\*All school sponsored activities take top priority*

#### **4:170-AP6 E1**

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

1. Immediately notify the building's emergency responder(s) whose contact information is posted in the facility. Under life and death circumstances, call 911 without delay.
2. Bring the first aid equipment and AED to the emergency scene. 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. The emergency responder will take charge of the emergency. This person will apply first aid, CPR, and/or the AED, as appropriate.
5. If necessary, the emergency responder instructs someone to call 911, providing the location in the building and which entrance to use. This person should make sure someone is sent to open the front door for paramedics and guide them to the scene.
6. When paramedics arrive and assume care of the victim, the emergency responder or other staff person notifies the victim's parent/guardian or relative.
7. 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.
8. If an adult refuses treatment, the emergency responder documents the refusal and, if possible, asks the adult to sign a statement stating that he or she refused treatment.