

NON-INSTRUCTIONAL SERVICES – RISK MANAGEMENT

SCHOOL-SPONSORED ACTIVITIES

I. DEFINITIONS

A. HIGH RISK ACTIVITIES ARE THOSE THAT EXPOSE THE BOARD OF EDUCATION AND ITS EMPLOYEES TO ELEVATED RISK OF PERSONAL INJURY, PROPERTY DAMAGE, GENERAL LIABILITY, AND MAY BE DIFFICULT TO CONTROL AND MONITOR. REFER TO INTRANET SITE, OFFICE OF RISK MANAGEMENT, FOR EXAMPLES OF HIGH RISK ACTIVITIES.

B. SCHOOL-SPONSORED ACTIVITIES ARE THOSE THAT ARE PLANNED AND/OR CONTROLLED BY SCHOOL PERSONNEL REGARDLESS OF WHETHER THEY TAKE PLACE ON OR OFF SCHOOL PROPERTY OR OCCUR DURING NORMAL SCHOOL HOURS.

II. ANY SCHOOL/OFFICE-SPONSORED HIGH RISK ACTIVITIES OR PROGRAMS THAT EXPOSE THE BOARD OF EDUCATION TO AN ELEVATED RISK OF PROPERTY DAMAGE, LOSS, AND/OR BODILY INJURY MUST BE SUBMITTED FOR REVIEW USING THE REQUEST FOR RISK MANAGEMENT REVIEW FORM TO THE OFFICE OF RISK MANAGEMENT AT LEAST THIRTY (30) BUSINESS DAYS PRIOR TO THE EVENT.

III. THE OFFICE OF RISK MANAGEMENT SHALL APPROVE OR REJECT THE ACTIVITY/PROGRAM.

IV. THE OFFICE OF RISK MANAGEMENT WILL SEND THE DISPOSITION OF THE REQUEST FOR RISK MANAGEMENT REVIEW TO THE AREA ASSISTANT SUPERINTENDENT OR EXECUTIVE DIRECTOR WITH OVERSIGHT RESPONSIBILITY FOR THE REQUESTING SCHOOL AND/OFFICE.

V. ACTIVITIES AND PROGRAMS THAT ARE EXCLUDED FROM THE BOARD OF EDUCATION'S INSURANCE COVERAGE ARE PROHIBITED. REFER TO INTRANET SITE, OFFICE OF RISK MANAGEMENT.

VI. SCHOOL-BASED ADMINISTRATORS/OFFICE HEADS SHALL NOT SIGN ANY CONTRACT FOR SCHOOL-SPONSORED ACTIVITIES/PROGRAMS THAT INCLUDE HIGH RISK ACTIVITIES UNTIL APPROVAL IS OBTAINED.

RULE
APPROVED:

SUPERINTENDENT OF SCHOOLS

Baltimore County Public Schools
Office of Risk Management
Request for Risk Management Review
School Sponsored Activities
(Must be submitted 30 business days prior to the event)

Date Request Made _____ Date Response Needed By _____

Principal _____

School _____ Telephone # _____

Date of Event _____ Sponsored by _____

Description of Program or Activity

Frequency: One Time Event Ongoing Other
(please describe)

Population Involved

Elementary School Students _____ High School Students _____
Middle School Students _____ Other (describe) _____

Is school required to enter into contract or release form: Yes _____ No _____
(If Yes, Contract/Release Form must be reviewed by Office of Risk Management, before signature)

Principal Signature _____ Date _____

Risk Manager Recommendations

Approved _____ Not Approved _____

Comments _____

Risk Manager _____
(Print Name) (Signature) (Date)

This form must be submitted to the Office of Risk Management (410-887-4133, Fax (410) 308-3720