Diocese of Peoria Field Trip Permission Form

(This form is required for all school field trips)

TO BE COMPLETED BY THE SCHOOL

Date of Trip:	Destination:
Departure Time:	Return Time:
Educational Purpose:	
Trip Supervisor (name of teacher, group leader, etc.):	Student Cost for Trip (if any):

TRANSPORTATION BEING PROVIDED (check all that apply):

☐ School bus ☐ Private vehicle ☐ Commercial carrier ☐ Walking ☐ Other:

DRIVERS OF PRIVATE VEHICLES (check all that apply, if applicable):

☐ Parents ☐ Teachers ☐ School staff ☐ Other:

PLEASE RETURN THE COMPLETED PERMISSION FORM WITH ANY MONEY DUE BY:

TO BE COMPLETED AT HOME

STUDENT AGREEMENT

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the supervisor's directions at all times. I understand that the school has the right to terminate my participation in the field trip at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions.

_____ _____

Signature of Student Date

MEDICAL INFORMATION

Does the student have any known allergic reactions or chronic illnesses? ☐ Yes ☐ No

If yes, please describe: _____

Will the student need to take any medication while on this trip? ☐ Yes ☐ No

If yes, list name of medication: _____

Name of Insurance Company: _____ Group Identification/Policy #: _____

Name of Primary Physician: _____ Physician's Phone # (including area code): _____

PARENTAL AUTHORIZATION

I request that my child, _____, be allowed to participate in the field trip listed above. I understand that this activity will take place away from the school/parish grounds, and I grant my consent to the method of transportation. I further understand that this trip exposes my child to unpredictable risks and dangers. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower school officials to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child.

If private vehicles are used for transportation, I give permission for my child to (check all that apply, if applicable):

☐ Ride with another parent ☐ Ride with teacher/staff ☐ Ride with another student ☐ Drive himself/herself

_____ _____

Signature of Parent Date

Phone # (with area code) where I can be reached during trip: _____(cell) _____(work) _____(home)

If I cannot be reached, please contact: _____ Relationship to student: _____ Phone #: _____

DRIVER INFORMATION (*if applicable*)

If private vehicles will be used for transportation on this field trip, please complete the following:

☐ Yes, I will drive for the field trip. I can accommodate _____ students with seat belts. *Please note: if you have a front passenger seat with airbag, do not use that seat for a student.*

A copy of my driver's license is on file in the school office. ☐ Yes ☐ No

My automobile liability insurance carrier is: _____

Policy #: _____

Expiration: _____

(the minimum acceptable liability limit for private vehicles is $100,000/300,000).

☐ Sorry, I am not available to drive for the field trip.