

DIOCESE OF PEORIA FIELD TRIP PERMISSION FORM

(This form is required for all parish trips)

TO BE COMPLETED BY THE PARISH

Date of Trip: <u>August 14th</u>	Destination: <u>Knights Action Park - Springfield</u>
Departure Time: <u>8:30 AM STR</u>	Return Time: <u>7pm</u>
Educational Purpose: <u>Fun</u>	
Trip Supervisor (name of teacher, group leader, etc.): <u>Mike Schallmoser</u>	Student Cost for Trip (if any): <u>\$29.00</u>

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: _____

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.*

- Yes, I am at least 25 years of age.

A copy of my driver's license is on file in the parish 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.

STUDENT AGREEMENT / CODE OF CONDUCT

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 parish 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. I understand if I am removed from this field trip my parents are responsible for my travel expenses.

Signature of Student

Date

Signature of Parent

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 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 parish 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 # where I can be reached during trip: () _____ (Cell) () _____ (Work) () _____ (Home)

TO BE COMPLETED AT HOME