

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>9-4-11</u>	Destination: <u>SISTERS OF CHARITY CONVENT</u>
Departure Time: <u>4:30 PM</u>	Return Time: <u>7 PM</u>
Educational Purpose: <u>SISTERS OF CHARITY</u>	
Trip Supervisor (name of teacher, group leader, etc.): <u>MIKE SCHUMOSE</u>	Student Cost for Trip (if any): <u>0</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