



**OFFICE OF CATHOLIC SCHOOLS**  
**DIOCESE OF PEORIA, IL FIELD TRIP PERMISSION FORM 2016-17**  
*(This form is required for all school field trips)*



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

**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:** \_\_\_\_\_

**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 know allergic reactions or chronic illnesses? Please describe: \_\_\_\_\_

Will the student need to take any medication while on this trip? Please list the medication: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Group Identification/Policy #: \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_ Physician phone # (with area code): \_\_\_\_\_

**PARENTAL / GUARDIAN 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 an accident, injury, or illness, and I cannot be reached immediately, I hereby employer 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):

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone # with area code where I can be reached: \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_ (home)

**DRIVER INFORMATION**

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 an airbag, do not use that seat for a student.*

A copy of my Volunteer Driver form is on file in the school office: \_\_\_\_\_ (initial)

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