

# **YOUTH GROUP FIELD TRIP REQUIREMENT FORMS**

- ALL FIELD TRIPS -  
Student

## **STUDENT FORMS**

Diocese of Peoria Field Trip Permission Form includes;

- Student Agreement
- Medical Information
- Parental Authorization
- Driver Information (if applicable)

Student Medical Information & Emergency Form includes;

- Authorization for Emergency Medical Treatment Form
- Must be updated twice a year

Publicity Form

**DIOCESE OF PEORIA FIELD TRIP PERMISSION FORM**

(This form is required for all parish trips)

TO BE COMPLETED BY THE PARISH

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

**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

**STUDENT MEDICAL INFORMATION & EMERGENCY FORM**

**This form is to be reviewed twice a year and updated if necessary.**

**Student/Minor:**

Name (first, middle, last): \_\_\_\_\_

Address: \_\_\_\_\_

**Student/Minor's Regular Physician:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

List any allergies or allergic reactions to medications of the student/minor: \_\_\_\_\_

List any medications the student/minor is presently taking: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Date of student/minor's most recent tetanus shot: \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency contacts:**

*Parent or Guardian*

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

*Other Contact*

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

This information will be kept in the possession of the parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [parent/guardian], understand that in the case of illness or injury to my child, \_\_\_\_\_ [child's name], the parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

This Authorization for Emergency Medical Treatment is valid for a period of one year, from August \_\_\_\_\_, 20\_\_\_\_ through August \_\_\_\_\_, 20\_\_\_\_\_.

**CATHOLIC DIOCESE OF PEORIA PUBLICITY FORM**  
**2008-2009 Academic Year**

On occasion, the parish named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the parish named above and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Name of Student(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date