

Diocese of Peoria Field Trip Permission Form
(This form is required for all school field trips)

TO BE COMPLETED BY THE SCHOOL

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| Date of Trip: October 12, 2008 | Destination: Feeney Farm - Ivesdale, IL |
| Departure Time: 3:00 pm (St. Matthew parking lot) | Return Time: 8:00 pm (St. Matthew parking lot) |
| Educational Purpose: | |
| Trip Supervisor (name of teacher, group leader, etc.): Youth Group Leadership Team | Student Cost for Trip (if any): Zero |

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: Youth Group Leadership Team

PLEASE RETURN THE COMPLETED PERMISSION FORM WITH ANY MONEY DUE BY: October 5, 2008

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.

TO BE COMPLETED AT HOME