

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

TO BE COMPLETED BY THE SCHOOL

Date of Trip: September 28, 2008	Destination: World Youth Day - Our Lady of the Snows, Belleville, IL
Departure Time: 8:00 am (Schnuck's Parking Lot, Champaign)	Return Time: 10:00 pm (Schnuck's Parking Lot, Champaign)
Educational Purpose:	
Trip Supervisor (name of teacher, group leader, etc.): Youth Group Leadership Team	Student Cost for Trip (if any): \$15 (by Sept. 10) /\$25 (after Sept. 10)

**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 Ministers from Champaign Vicariate

**PLEASE RETURN THE COMPLETED PERMISSION FORM WITH ANY MONEY DUE BY:** September 21, 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