



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.