



FIELD TRIP POLICY

Class visits to places of cultural or educational significance give enrichment to the lessons of the classroom. To ensure the desired outcomes of such trips, teachers should prepare the pupils for the place that is to be visited and the things that are to be seen. A discussion should be held regarding the purpose(s) and goal(s) of the trip. An advance trip by the teacher is suggested.

The written consent of parents must be obtained for every child participating in a field trip. Permission slips must inform parents of the following (Sample form is attached):

1. Name, location, and date(s) of the event
2. Cost to the student
3. Mode of transportation to be used
4. Name of supervisor overseeing the activity
5. Parent's responsibility

No student may participate unless a signed parent permission slip for the specific event is on file with the principal.

Medical information, contact persons and authorization for emergency medical treatment must be with the chaperones.

Whenever possible, bus transportation should be provided. The use of private vehicles is discouraged. If a private passenger vehicle must be used, the following must be verified by the driver (See form attached).

1. The driver must be 19 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that may impair the ability to drive safely.
3. The vehicle must have a registration.
4. The vehicle must have a valid state inspection sticker (if this is applicable to your area).
5. The vehicle must be insured for minimum limit of \$500,000 CSL (Combined Single Limit). Due to some insurers limitations, limits of \$250,000 per person/\$500,000 per occurrence are acceptable.

A signed Volunteer Driver Information Sheet must be submitted to the principal for each vehicle used.

Each driver and/or chaperone should be given a copy of the approved itinerary including the route(s) to be followed and a summary of their responsibilities. For trips other than interschool athletics, supervision of one (1) adult per ten (10) students is required.



PARENT PERMISSION FORM FOR FIELD TRIP PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a school/parish-sponsored activity requiring transportation to a location away from the school premises. This activity will take place under the guidance and supervision of employees from _____ School and/or Parish.

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Method of Transportation: _____

Student Cost: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*****STATEMENT OF CONSENT*****

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic (Arch)diocese of _____, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf on my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form by: _____ to _____
(Date) (Person)



MEDICAL TREATMENT AUTHORIZATION

To Whom it May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)



VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET

I. Driver:

Name: _____ Date of Birth: _____

Address: _____

II. Vehicle that will be used:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____ Model: _____

_____ License Plate: _____

Registration Expires: _____ Inspection Expires: _____

If more than one vehicle is to be used, requested information must be provided for each vehicle.

III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy*: _____

***Please note:** The minimal, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit). Due to some insurers limitations, limits of \$250,000 per person/\$500,000 per occurrence are acceptable.

IV. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the church or related entities.

(Signature)

(Date)

V. Recommendation:

Only experienced drivers, i.e. 19 or over, should transport students.