

FIELD TRIP PERMISSION FORM
2021-2022

Name of School:		Date of Trip:	
Destination:		Student Cost for Trip (if any):	
Educational Purpose:		Departure Time:	Return Time:
Trip Supervisor (name of teacher, group leader, etc.):		PLEASE RETURN SIGNED FORM NO LATER THAN:	
Transportation: School Bus <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Commercial <input type="checkbox"/> Other			

GENERAL PERMISSION FORM/LIABILITY RELEASE I request that my child, _____, be allowed to participate in the above referenced activity/event. I also understand that my child could be unknowingly exposed to COVID-19 through no fault of my school, parish, or the Catholic Diocese of Peoria, IL.

VIDEOTAPING, STILL PHOTOGRAPHS AND AUDIO RECORDINGS: Video, still photographs and audio recordings may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape, still photographs and/or audio records, which may be used for future promotional efforts, including the Diocese of Peoria website.

CODE OF BEHAVIOR: As a participant he or she is representing our school and parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese. Some expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia is not allowed.
8. If under age 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under age 18, I also understand and agree that my parents or guardian will be notified at the time of the infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

The undersigned do hereby release, forever discharge and agree to indemnify and hold harmless my school, parish, the Catholic Diocese of Peoria, IL, and their staff, employees, agents, and volunteers from any and all liability, for injuries, damages, medical expenses or any other loss to my child or family, including attorney fees, arising from claims of any kind or nature whatsoever for my child's participation in this event.

Participant Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL INFORMATION
2021-2022

STUDENT/MINOR NAME (first, middle, last): _____

Address: _____

Date of Birth: _____

STUDENT/MINOR'S DOCTOR (first, middle, last): _____

Phone: _____

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: Insurance Company: _____

Plan Number: _____ Employee Identification#: _____

EMERGENCY CONTACTS: Parent or Guardian (first, middle, last name): _____

Cell: _____ Work: _____ Home: _____

Other Contact: Name (first, middle, last): _____

Phone (with area code): _____ Relationship to student/minor: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the school/parish. A copy may 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 school/parish will try to notify me or the person I have listed 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 school/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: _____