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 of 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)

V. Recommendation:
(Date)

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