Field Trips

Parent Permission Form For Field Trip Participation

Dear Parent or Legal Guardian,

Your son/daughter is eligible to participate in a parish-sponsored activity requiring transportation to a location away from the parish grounds. This activity will take place under the guidance and supervision of adult chaperones. A brief description of the activity follows:

Name of Event ____________________________________________________________

Destination __________________________________________________________________________

Designated Supervisor of Activity ____________________________________________________________

Date and Time of Departure ______________________________________________________________

Date and Anticipated Time of Return _______________________________________________________

Method of Transportation ________________________________________________________________

Participant Costs _______________________________________________________________________

If you would like your son/daughter 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.

I hereby consent to participation by my son/daughter ______________________________________ in the event described above. I understand that this event will take place away from the parish grounds and that my son/daughter will be under the supervision of designated parish employees 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 ______________________________ Parish, the Roman Catholic Diocese of Marquette, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively “Releases”) 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 Releases 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) __________________________
Field Trips

EMERGENCY MEDICAL TREATMENT RELEASE FORM

(Recommended Form)

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed Medical Doctor in an emergency which, in the opinion of the attending physician, may endanger the life of the student, cause a disfigurement, physical impairment, or undue discomfort if delayed. 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 _________________________________________ Phone ____________________________

Emergency Phone ____________________________________________________________________________

Family Physician ____________________________________________ Phone ___________________________

Address ____________________________________________________________________________________ City ______________________________

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

___________________________________________________________________________________________

___________________________________________________________________________________________

Health Insurance Data:

Company _________________________________________________ Policy ____________________________

Group ____________________________________________________ Contract __________________________

This Release Form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date ____________________________ Signed _____________________________________________________

(Parent or Guardian)
Field Trips

RECOMMENDED VOLUNTEER DRIVER INFORMATION SHEET

I. Driver:
Name _______________________________ Date of Birth __________
Address __________________________________ Social Security # ________
_____________________________________________________________ Phone __________
Driver's License # _________________________________________________

II. Vehicle That Will Be Used:
Name of Owner __________________________________ Year and Make ________
Address of Owner __________________________________ Model ________
_____________________________________________________________ License Plate ________
Registration Expires ____________________________________________

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

III. Insurance Information: When using a privately owned vehicle, the insurance coverage is the limits of
the insurance policy covering that specific vehicle.

Insurance Company ________________________________________________
Policy Number ____________________________________________________
Expiration Date ____________________________________________________
Liability Limits of Policy* __________________________________________

*Please note: The minimal acceptable liability limits for privately owned vehicles is $500,000 CSL(Combined Single Limit).

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 driver, I am 21 years of age or older, hold a valid non-probationary
driver's license, have no physical disability that may impair my ability to drive safely, and have
required insurance coverage in effect on any vehicle used to transport students.

_______________________________________________________________
(Signature)

_______________________________________________________________
(Date)

Rule
Adopted: December 1, 1988
Revised: May 10, 2001
Updated: February 2002
Updated: January 2003
Updated: February 2005

DIOCESE OF MARQUETTE
Marquette, Michigan