

YOUTH GROUP FIELD TRIP REQUIREMENT FORMS

- ALL FIELD TRIPS -

STUDENT FORMS

Diocese of Peoria Field Trip Permission Form includes;

- Student Agreement
- Medical Information
- Parental Authorization
- Driver Information (if applicable)

Student Medical Information & Emergency Form includes;

- Authorization for Emergency Medical Treatment Form
- Must be updated twice a year

Publicity Form

ADULT CHAPERONES AND VOLUNTEER FORMS

Diocese of Peoria Field Trip Permission Form includes;

- Driver Information (if applicable)
- Chaperone Agreement
- Liability Waiver Form

Virtus and Safe environment, includes;

- Fingerprinting
- DCFS (CANTS)
- Safe Environment Program

Adult Medical Information and Emergency Form (as a reference)

Volunteers Code of Conduct Form

YOUTH GROUP COORDINATOR LIST

Educational Field Trip Request & Report Form – complete with Pastor’s approval

Accident Report Form (if necessary)

Student Medical Information and Emergency Form

Adult Medical Information and Emergency Form (as a reference)

Student Spreadsheet Form listing all students on each event

Adult Spreadsheet Form listing all adult chaperones on each event

A binder must;

- list all students containing Medical Information and Emergency Form
- list all adult chaperones containing Medical Information and Emergency Form (as a reference)
- be with the group leader/coordinator at all times during event/activity

CATHOLIC MUTUAL

Send Student Spreadsheet Form listing all students for an overnight trip

Send Adult Spreadsheet Form listing all adult chaperones for an overnight trip

Send an itinerary of field trip 14 days before overnight field trip occurs

Accident Report Form (if necessary)

YOUTH GROUP FIELD TRIP REQUIREMENT FORMS

- ALL FIELD TRIPS -
Youth Group Coordinator

YOUTH GROUP COORDINATOR LIST

Educational Field Trip Request & Report Form – complete with Pastor’s approval

Accident Report Form (if necessary)

Student Medical Information and Emergency Form

Adult Medical Information and Emergency Form (as a reference)

Student Spreadsheet Form listing all students on each event

Adult Spreadsheet Form listing all adult chaperones on each event

A binder must;

- list all students containing Medical Information and Emergency Form
- list all adult chaperones containing Medical Information and Emergency Form (as a reference)
- be with the group leader/coordinator at all times during event/activity

CATHOLIC MUTUAL

Send Student Spreadsheet Form listing all students for an overnight trip

Send Adult Spreadsheet Form listing all adult chaperones for an overnight trip

Send an itinerary of field trip 14 days before overnight field trip occurs

Accident Report Form (if necessary)

**CATHOLIC DIOCESE OF PEORIA
EDUCATIONAL FIELD TRIP REQUEST & REPORT FORM**

Authorization for Field Trip

Date of Trip	Field Trip Supervisor
Class/Grade Level	Approximate # of Students Participating
Destination	
Educational Purpose of Field Trip	
Brief Description of Activities	
Departure Time	Return Time
Anticipated Cost	Funding Source(s)
Method of Transportation	Number of Chaperones
If trip is overnight, where will students and chaperones stay?	

Signature of Field Trip Supervisor

Date

Approved: Yes No

Signature of Pastor

Date

Field Trip Incident Report

Date of Trip:

Destination:

Number of Students Participating:

Were there any unusual incidents (including injuries or damages)? Yes No

If yes, please fill out Accident Report Form and submit to Catholic Mutual Group.

Signature of Field Trip Supervisor

Date

CATHOLIC DIOCESE OF PEORIA
ACCIDENT REPORT FORM
(For Non-Employees)

Ledger Page: _____

Parish/School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Parish Email: _____

Person Reporting: _____

Date Form Completed: _____

Date of Accident: _____ Time of Accident: _____

Where Accident Occurred: _____

Were Photographs Taken? YES NO

Described the Accident:

Injured Party: _____ Student: YES NO

DOB: _____ SSN: _____

If Student, Parent(s) Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Work/Cell #: _____

Transported by Ambulance: YES NO

Witnesses (*Please include address and telephone #*):

Comments:

STUDENT MEDICAL INFORMATION & EMERGENCY FORM

This form is to be reviewed twice a year and updated if necessary.

Student/Minor:

Name (first, middle, last): _____

Address: _____

Student/Minor's Regular Physician:

Name (first, middle, last): _____ Phone (including area code): _____

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:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency contacts:

Parent or Guardian

Name (first, middle, last): _____ Phone (including area code): _____

Other Contact

Name (first, middle, last): _____ Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc.): _____

Authorization for Emergency Medical Treatment

This information will be kept in the possession of the parish. A copy will 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 parish will try to notify me or the person I have listed above 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 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

This Authorization for Emergency Medical Treatment is valid for a period of one year, from August _____, 20____ through August _____, 20_____.

ADULT MEDICAL INFORMATION & EMERGENCY FORM
This form is to be reviewed twice a year and updated if necessary.

Name (first, middle, last): _____

Address: _____

Regular Physician:

Name (first, middle, last): _____ Phone: (____) _____

Medical Conditions:

Please list any medical conditions (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications: _____

List any medications presently taking: _____

Other pertinent medical information: _____

Date of most recent tetanus shot: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency contacts (Please print):

1. Name (first, middle, last): _____ Work #: (____) _____ Cell #: (____) _____

Relationship (friend, neighbor, coworker, etc.): _____

2. Name (first, middle, last): _____ Work #: (____) _____ Cell #: (____) _____

Relationship (friend, neighbor, coworker, etc.): _____

Church:
Trip:
Dates:

STUDENT SPREADSHEET

City:
Group Leader(s):

	Student	Parents' Names	Address	City	Permission Form	Medical Info	Publicity Form
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VOLUNTEERS CODE OF CONDUCT FORM

Our children are the most important gifts God has entrusted to us. As a volunteer, I promise to strictly follow the rules and guidelines of this Volunteer's Code of Conduct as a condition of my providing services to the children and youth of _____ and the Catholic Diocese of Peoria.

AS A VOLUNTEER, I WILL:

- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Avoid situations where I am alone with children and/or youth at activities.
- Use positive reinforcement rather than criticism, competition, or comparison when working with children and/or youth.
- Refuse to accept expensive gifts from children and/or youth without prior written approval from the parents or guardian and the pastor or administrator.
- Report suspected abuse to the pastor, administrator, or appropriate supervisor and the Department of Children and Family Services. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.
- Comply with all policies of the Catholic Diocese of Peoria including *Virtus*, Protecting God's Children, and Safe Environment Program.

AS A VOLUNTEER, I WILL NOT:

- Smoke or use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, or be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e. no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth.
- Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual or other inappropriate manner.
- Use any discipline that frightens or humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that as a volunteer working with children and/or youth, I am subject to a thorough background check including criminal history and fingerprinting. I understand that any action consistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with children and/or youth. I understand that the parish has the right to terminate my participation in this field trip at any time if my conduct is not appropriate and/or if I fail to follow the supervisor(s) directions. I understand if I am removed as a volunteer I am responsible for my own travel expenses.

Volunteer's Printed Name

Volunteer's Signature

Dated: _____

1/23/2009