

# Parent/Guardian Permission Form For Field Trips

Dear Parent or Legal Guardian,

Your son or daughter is eligible to participate in an activity requiring transportation. This activity will take place under the guidance and supervision of authorized personnel from [ \_\_\_\_\_ ].

Name of the Event: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Leaving at: \_\_\_\_\_ Returning at: \_\_\_\_\_

Transportation type: \_\_\_\_\_

Accompanied by:  Teacher(s)  Adult/Parents

Lunch will be provided:

Yes\* - students with food allergies or special dietary needs should bring a sack lunch.

No - students should provide their own sack lunch

No - students will be eating at this event

Cost: [ \_\_\_\_\_ ] per student

Special instructions: \_\_\_\_\_

I understand the event described in the upper portion of this sheet, including all the details mentioned. I consent to my child(ren)'s participation. I understand that no event, including the one described above, is without risk of significant injury. Nevertheless, on behalf of myself and my child(ren), I voluntarily waive any liability of any sort that might arise. My signature attests to my understanding, consent, and waiver, as set forth in this paragraph.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

Relationship to the child: \_\_\_\_\_

Date: \_\_\_\_\_

# Permission for Emergency Medical Treatment

*In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FAMILY INSURANCE PROVIDER/HEALTH PLAN \_\_\_\_\_

HEALTH PLAN NUMBER (Include expiration date): \_\_\_\_\_

NOTARY INFORMATION BELOW ONLY TO BE USED IF REQUIRED FOR OUT OF STATE TRIPS

Subscribed and sworn to before me on this \_\_\_\_ of \_\_\_\_\_. 20\_\_\_\_.

\_\_\_\_\_

(Signature)

Notary Public for \_\_\_\_\_ County, Michigan.

My commission expires on \_\_\_\_\_.

# Health History and Medical Release Form

Participant's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

## HEALTH HISTORY

Family Doctor \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

**IMMUNIZATIONS:** (Record YEAR of last immunization or last time person had disease.)

Tetanus/Diphtheria \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_ Rubella \_\_\_\_\_ Polio \_\_\_\_\_

TB \_\_\_\_\_ (results) \_\_\_\_\_ Other \_\_\_\_\_ Hepatitis B \_\_\_\_\_

**SPECIAL INFORMATION:** (Please check all that apply. Information will be shared on a "need to know" basis or shared with appropriate staff.)

Sleep Walking \_\_\_\_\_ Fainting \_\_\_\_\_ Dizziness \_\_\_\_\_ Blackouts \_\_\_\_\_

Asthma \_\_\_\_\_ Kidney Problems \_\_\_\_\_ Frequent Nosebleeds \_\_\_\_\_

Frequent Colds \_\_\_\_\_ Seizures \_\_\_\_\_ Severe Headaches \_\_\_\_\_

Severe Homesickness \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent Earaches \_\_\_\_\_

**ALLERGIC REACTIONS:** (Please list all known allergies – plant, insect, food, medicine and TYPE OF REACTION.)

\_\_\_\_\_

Please list any other medical problems/situations pertinent to your child:

\_\_\_\_\_

Any physical limitations? \_\_\_\_\_ If yes, explain. \_\_\_\_\_

Any emotional/psychological limitations or reactions to be aware of? \_\_\_\_\_

If yes, explain. \_\_\_\_\_

Is the participant presently taking any medication? \_\_\_\_\_ All medication is to be well labeled with clear, concise directions indicated here (frequently, dosage, etc.):

\_\_\_\_\_

In an EMERGENCY, and if unable to reach parent/guardian, please contact:

1. Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone Number ( ) \_\_\_\_\_

# Participant Agreement

I, \_\_\_\_\_  
(please print)

- will show respect for everyone at all times.
- will keep the safety of all participants in mind.
- will notify an adult team member if I am injured while participating during this event.
- understand that all personal articles that I bring with me are my individual responsibility.
- understand that all participants are required to be on time for the benefit of safety and security.
- understand that I represent my organization, and I will maintain an image honoring them and my parents. Recognizing this I will:
  - will respect others' property.
  - will refrain from the use of alcoholic beverages and controlled substances (drugs) during this event.
  - I will also refrain from smoking or using tobacco products
  - will show consideration and respect for others, particularly in being sensitive to them in manner of speech and dress, by maintaining an appropriate standard of personal hygiene and acting as a member of the group with a sense of the common good.
  - will refrain from the use of profane language, including sexual innuendoes and sexual jokes.
  - will resolve conflicts in a non-violent manner and refrain from bringing any type of weapon (including pocket knives).
  - will exercise environmental responsibility.
  - will act as a peer support for the group.
  - will enjoy myself, but never at the expense of others.

***I understand that if I break any part of this agreement, I may be sent home immediately.***

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Name (Please print.)

\_\_\_\_\_  
Date

# Suggested Guidelines for Overnight Trips with Youth and Teens

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*As you plan a trip, you should think about setting standards for managing your group. Here are some rules & guidelines that some of our regular customers use for overnight trips with passengers under age 18.*

- 1.** The ratio of adults to students should not be less than 1:6. There should be at least one chaperone for an overnight trip with up to six students; there should be at least two chaperones for a trip with up to 12 students; and so on.
- 2.** An overnight trip should include at least one leader from your group. The leader(s) can be included in the count of chaperones for the purpose of the ratio stated above.
- 3.** The role of chaperone is to guide students by word and example. A chaperone may prevent, halt, or correct misbehavior, but may not impose a sanction for misbehavior.
- 4.** A chaperone should not be housed in the same room with a student. A chaperone may, however, be housed with the chaperone's own child. Adults may be housed with students in a large area such as a dormitory or gymnasium, provided that at least two chaperones are assigned to the room.
- 5.** During no event should males and females be housed in the same room. Where a door connects two hotel rooms, both rooms should be occupied by the same gender.
- 6.** If possible, all members of a group that are staying in a hotel should be housed on the same floor, along the same hallway.
- 7.** When students are not always under direct adult supervision, they should have ready means (such as a cellular telephone or an agreed-upon meeting place) of contacting a chaperone.
- 8.** When feasible, each chaperone should possess a charged cellular telephone. A two-way radio or similar device may be employed instead. Cell phones should be kept charged and on at all times, though they may be set to vibrate rather than ring when necessary. The phone number should be made known to the group.
- 9.** Before the trip begins, the group should communicate the rules for the trip, including the safety rules, to the participants. At appropriate intervals during the trip, the chaperones should remind the participants of those rules.
- 10.** The organization may add rules that increase, but should not decrease, the safety provided by these guidelines.



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