



CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT No. 4

CHAMPAIGN, ILLINOIS

SELF FILLING FORMS

The attached forms are self filling - so you don't have to repeat the same information on each and every form. This is the data collection page. Fill in the information here and the forms will simply copy what you type in on this page.

Student's Name: _____ EVENT: _____
Grade: _____ Begin Date: _____
Telephone number: _____ begin time: _____
Address _____ End Date: _____
City: _____ end time: _____
State: _____ Year: _____
Zip: _____ Travel method: _____

Father's Name: _____ Date on which the form
Day Phone: _____ is prepared and signed: _____
Evening Phone: _____
Cell Phone: _____

Mother's Name: _____
Day Phone: _____
Evening Phone: _____
Cell Phone: _____

Emergency Contact: _____
Day Phone: _____
Evening Phone: _____
Cell Phone: _____

Physician: _____
Phone: _____

Medical conditions, allergies, and other specifics should be listed on the Medical Information Form

PLEASE REMEMBER TO SIGN EACH FORM IN THE PLACE PROVIDED.



CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT No. 4
CHAMPAIGN, ILLINOIS
FIELD TRIP PERMIT

 (School) (Student's Name)

 (Teacher/Sponsor) (Telephone Number)

PARENTS/GUARDIANS

A field trip to _____ is planned for _____
 (Class or Group)
 on _____ to _____. The trip will begin at _____ and return at _____.
 (Date)

(SEE REVERSE IF RETURN TIME IS LATER THAN NORMAL DISMISSAL TIME.)

Students are going by _____

PARENTS/GUARDIANS APPROVAL:

I give my permission for _____ to participate in the field trip described above.
 (Student's Name)

 (Parent's/Guardian's Signature) (Date)

FOR OUT-OF-TOWN TRIPS ONLY

In a medical emergency your child will be taken by ambulance to the closest hospital or trauma center. All medical fees are the parents' responsibility.

Your permission is requested for the teacher or principal to sign any medical forms which are needed. This will assure that treatment of an injury can begin as soon as possible. Please sign this request, thereby granting your permission for school personnel to act on your behalf in the case of a medical emergency. Every effort will be made to contact parents prior to exercising the authority contained in this form.

Student: _____ Grade: _____ School: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Work Phone: _____

Comments: (emergency nos./health concerns) _____



CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT No. 4
CHAMPAIGN, ILLINOIS
RETURN TIMES AFTER NORMAL DISMISSAL TIMES

PARENT/GUARDIAN ACKNOWLEDGEMENT AND DIRECTIONS

I realize _____ will be returning to the school from the field trip after normal dismissal hours.
(Student's name)

I agree to pick _____ up at the school.
(Student's name)

My child lives within walking distance from school, and I direct that he or she walk home.

Other (Specify) _____

Example: "My son will ride home with Ms. Jane Smith" or "My daughter will be picked up by her brother"

I agree it is my responsibility to pick up my child or otherwise make arrangements for his/her transportation home from school after the field trip. I understand school staff members should not be required to stay at school for substantial periods of time upon the students return to school from the field trip, and I agree to be punctual in the transportation arrangements of my child.

(Parent's/Guardian's Signature)

(Date)



CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT No. 4
CHAMPAIGN, ILLINOIS
POWER OF ATTORNEY

(Attachment #1)

The undersigned certifies that he or she is the parent or legal guardian of _____;
(Student's name)
that the child is a student in Champaign Community Unit School District No. 4, in Champaign County, Illinois,
and will be traveling to and in _____ on an educational tour sponsored by said Champaign
(Place)
Community Schools that _____, who is a member of the staff of Champaign Community
(Teacher's name)
Schools, whose address is Central High School 610 W. University Avenue, Champaign, Illinois, is in
charge of the student group during such tour; and that the tour will last from _____ to _____.
(Date) (Date)
If the parents (or legal guardians) cannot be immediately contacted, the undersigned does hereby grant full
power of attorney to John Currey, in the event of accident or illness to his or her child at any time from the
commencement to the termination of such tour, to do as follows:

1. To arrange for the transportation of _____,
(Student's name)
whether by ambulance or otherwise, to a proper facility where emergency medical treatment would
normally be administered, including, but not limited to, emergency room of a hospital, doctor's office,
or medical clinic; and
2. To sign such releases as may be required in order to obtain such immediate medical or surgical
treatment as is required in the judgment of medical authorities at said facility.

(Signature of Parent/Guardian) _____
(Address)

(City) (State) (Zip)

(Date)



CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT No. 4
CHAMPAIGN, ILLINOIS
MEDICAL INFORMATION FORM

(Attachment #2)

This information will be in the possession of the Tour Director. Should the need arise; this information will be given to the proper medical authorities.

STUDENT NAME: _____

ADDRESS: _____
(Street) (City) (State and Zip Code)

EMERGENCY PHONE NUMBERS:

Father's Name: _____
(First) (Last)
Phone Numbers: _____
(Day) (Evening) (Cell)

Mother's Name: _____
(First) (Last)
Phone Numbers: _____
(Day) (Evening) (Cell)

EMERGENCY CONTACT:

Name: _____
(First) (Last)
Phone Numbers: _____
(Day) (Evening) (Cell)

STUDENT'S CURRENT PHYSICIAN: _____ Phone _____
(Name)

EMERGENCY MEDICAL INFORMATION:

Please list any medical conditions of which we should be aware (i.e., asthmatic, diabetic, seizure, etc.):

Please list any allergies or allergic reactions to medication:

Please list any medications the above student is now taking:

Will the above student need to take this medication while on the trip? Yes No
(Note: It is required that the student carry his/her medication in an original prescription container.)

Date of most recent tetanus shot: _____

Other possibly pertinent medical information: _____



**CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT No. 4
CHAMPAIGN, ILLINOIS**

HOLD HARMLESS AGREEMENT

AFFIDAVIT OF INSURANCE COVERAGE, HOLD HARMLESS AGREEMENT,
PARENTS' AGREEMENT REGARDING STUDENT'S CONDUCT ON
EDUCATIONAL TOUR, AND CHANGE IN ITINERARY

We, _____ and _____,
the parent (or legal guardians) of _____, a minor who is a student of
Champaign Community Schools, Champaign County, Illinois, in consideration of the agreement by the
District to permit the student to participate in the educational tour to _____,
to take place from _____ to _____, _____,

do hereby state, under oath, that there is accident and health insurance coverage for our son/daughter
that will cover him/her while participating in said trip, and that we agree to maintain said coverage in full
force and effect for the duration of the trip.

We do further agree to indemnify, protect, and hold harmless Champaign Community School, its
officers, Board members, supervisors, agents, servants, employees, and all private persons or organizations
volunteering service without charge to supervise or chaperone students while on the educational tour from
any claim or liability whatsoever including, but not limited to, personal injury, property damage, court
costs, attorneys' fees and interest, howsoever caused, as a result of said minor participating in the above
described educational tour.

We do further agree that the Board of Education, its officers, agents, and /or employees reserve
the right to terminate the participation of said student for failure to behave and act in accordance with
the District's Regulations on Conduct, for failure to follow the instructions and direction of the tour
supervisor(s) and /or chaperones, or if said student's acts of conduct are deemed by said Board, its
officers, agents, and /or employees, to be detrimental to or incompatible with the interest, harmony,
comfort, or welfare of the tour as a whole. If the participation of said student is terminated, only the
funds not actually used will be refunded, and the said student will be sent home at our expense.

We agree that the Board of Education, Champaign Community Schools, its officers, agents, and/or
employees reserve the right at any time prior to or during said tour to make cancellations, changes, or
substitutions in emergencies or changed conditions or in the interest of the group, and to alter, prior to
tour departure, the cost in order to meet unexpected changes in airline fare, hotel rates, etc., as the
announced fee is based on current tariffs, rates, and expenses which are subject to change or
reestimation.

DATED this _____ day of _____, _____.

Signature of Parent/ Legal Guardian



CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT No. 4
CHAMPAIGN, ILLINOIS
STUDENT CONDUCT AGREEMENT

(attachment # 4)

**STUDENTS AGREEMENT REGARDING
CONDUCT ON EDUCATIONAL TOUR AND CHANGE IN ITINERARY**

I, _____, a student participant in the educational tour to _____ to take place from _____ to _____, promise to conduct myself in accordance with the Regulations on conduct as set forth by the Board of Education, Champaign Community Schools.

I understand that the Board of Education, its officers, agents, and /or employees, reserve the right to terminate my participation in the tour for failure to behave and act in accordance with the Student Code of Conduct for failure to follow the instructions and directions of the tour supervisor(s) and/or chaperones, or if my acts of conduct are deemed by said Board, its officers, agents, and /or employees, to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the tour as a whole. I understand that consumption of alcoholic beverages or illegal drugs is reason for termination of my participation in the tour. If my participation is terminated, on the funds not actually used will be refunded, and I will be sent home at my own expense.

I agree that the Board of Education, Champaign Community Schools, its officers, agents, or employees, reserve the right at any time prior to or during said tour to make cancellations, changes, or substitutions in emergencies or changed conditions or in the interest of the group, and to alter, prior to tour departure, the cost in order to meet unexpected changes in airline fares, hotel rates, etc., as the announced fee is based on current tariffs, rates, and expenses which are subject to change.

Signature of Participant