

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 _____. The trip will begin at _____ a.m./p.m. and return at _____ a.m./p.m.

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

Students are going by: _____ Unit 4 bus _____ Private car _____ Walking
_____ Unit 4 bus _____ Van _____ Other _____

PARENT'S/GUARDIAN'S 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 parent's responsibility.

Your permission is requested for the teacher or principal to sign any medical forms that 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: _____

Comments: _____
(emergency nos./health concerns)

CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO. 4
Champaign, Illinois

[Attachment #2]

MEDICAL INFORMATION FORM

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: _____
(Number – Street) (City) (State and Zip Code)

EMERGENCY PHONE NUMBERS:

Father's Name: _____ Day _____
(First) (Last) Phone No.

Evening _____
Phone No.

Mother's Name: _____ Day _____
(First) (Last) Phone No.

Evening _____
Phone No.

EMERGENCY CONTACT:

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

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

EMERGENCY MEDICAL INFORMATION

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

Please list any medications the above student is now taking: _____

Yes No Will the above student need to take this medication while on the trip?

(Note: It is required that the student carry his/her medication in an original prescription container.)

Date of the most recent tetanus shot: _____

Other possibly pertinent medical information: _____

CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO. 4
Champaign, Illinois

[Attachment #1]

POWER OF ATTORNEY

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 in _____ on an educational tour sponsored by said Champaign
(place)

Community Schools that _____, who is a member of the staff of Champaign
(teacher's name)

Community Schools, whose address is _____,

is in charge of the student group during such tour, and that the tour will last from _____ to
(date)

_____. If the parents (or legal guardians) cannot be immediately contacted, the undersigned
(date)

does hereby grant full power of attorney to _____, in the event of accident or illness
(teacher's name)

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 _____, whether by
(student's name)

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 judgement of medical authorities at said facility.

Signature of Parent

Address

City, State, Zip

Date

3/20/00

CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO. 4
Champaign, Illinois

[Attachment #3]

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

We, _____, the parents (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 _____, 20____, 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 Schools, its officers,
Board members, supervisors, agents, servants, employees, and all private persons or organizations volunteering
services 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 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 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 or reestimation.

DATED this _____ day of _____, 20_____.

CHAMPAIGN COMMUNITY UNIT SCHOOL DISTRICT NO. 4
Champaign, Illinois

[Attachment #4]

STUDENT'S AGREEMENT REGARDING
CONDUCT ON EDUCATIONAL TOUR AND CHANGE IN ITINERARY

As a student participant in the educational tour to _____ to take place from
(place)
_____ to _____, I promise to conduct myself in accordance with the Regulations on Conduct
(date) (date)
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 use of illegal drugs is reason for termination of my participation in the tour. If my participation is terminated, only 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

Date

6/12/00