



OUR LADY OF THE
HOLY SOULS
CATHOLIC SCHOOL

Field Trip Teacher Request Form

Teacher's Name _____ Grade Level _____

Date of Request _____

Provide a brief description of the activity as related to the curriculum.

Type of event _____

Cost of event _____

Date of event _____

Destination of event _____

Individual in charge _____

Estimated time of departure and return _____

Mode of transportation to and from event _____

Attach an itinerary including the route to be followed and a summary of responsibilities to be given to each chaperone.

Needed information for a chaperone as follows:

- Driver Information Sheet
- Volunteer Medical Release
- Safe Environment Compliance- have the certificate
- Laity Code of Conduct on file- now included on CMG if certified after 2022

Must have all driver information turned in to the principal 2 weeks before, or the trip will be canceled.

Teacher Signature Date

Principal Approval Yes No

Principal Signature Date

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Safe Environment Volunteer Instructions:

1. Go to <https://littlerock.cmgconnect.org>
2. Create a new account by completing all the boxes.
 - This includes address, primary parish, and how you participate at your parish or school.
3. Start the Safe Environment Curriculum—Little Rock training course.
4. Click the ‘Dashboard’ tab to go back to the main training area.
 - You will progress through ALL three account creation screens before your registration is complete.
 - On your main dashboard, you will start the Curriculum.
 - Complete all sections—as you work through them, they will show as ‘Done’ in each box. · Your curriculum will show ‘In Progress’ until the Diocese reviews your background check report.
 - Print out a copy for your files.

Safe Environment Requirements for Field Trip Drivers:

Drivers must complete the Safe Environment Curriculum and the Defensive Driving Training and Motor Vehicle Report in CMG Connect. (<https://cmgconnect.org/>)

In order to see this training, the person must check “Driver” in their profile for CMG Connect. If Defensive Driving says “pending,” the driver has not been cleared to drive. “Pending” means that the traffic report has not been completed for that driver.



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Field Trip **DRIVER INFORMATION** Form

Driver's Name _____ Date of Birth _____
Address _____ Cell Phone _____
Driver's License # _____ Date of Expiration of License _____

Attach a copy of your Driver's License, Proof of Insurance, and your current CMG Safe Environment Driving Certificate

The vehicle that will be used:

Name of Owner _____ Address of Owner _____
Make/Model/ Year of Vehicle _____

License Plate # and State _____ Date of Expiration _____

Insurance Information

Insurance Company _____ Liability Limits of Policy* _____

*The recommended liability limit for privately owned vehicles for field trips is
\$100,000/\$300,000 per person/per occurrence.

Please be aware that as a driver, your insurance is primary. If more than one vehicle is to be used, the above information must be provided for each vehicle.

To provide for the safety of our students or other members of the parish/school and those we serve, we must ask each volunteer driver to answer the following questions:

1. Have you been convicted of an infraction involving drugs or alcohol in the last three years? _____
2. Have you had more than three moving violations or accidents in the last three years?

3. Have you completed the Safe Environment training on CMG Connect that is required by our Diocese? _____
4. Have you completed the Defensive Driving Training and Motor Vehicle Report on CMG Connect, which is required of the driver? _____

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for school events is a profound responsibility, and I will exercise extreme care and due diligence while driving. I will be limited to a maximum number of consecutive miles driven, not to exceed 250 miles per driver without at least a 30-minute break. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature _____ Date _____



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Student Field Trip Form

This waiver **and** medical consent are to be used.

What: _____
When: _____
Where: _____
Why: _____

PARENT/GUARDIAN LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name _____ Date of Birth _____
Address _____ City _____ State _____ ZIP _____
Phone _____
Alternate Phone Number _____ Cell Phone Work
School Grade _____ Age _____ Sex M F

LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If the participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) _____, grant permission
for my child, (participant's name) _____, to participate in the
_____ (event), to be held _____ (date)
_____ (time), _____ (place).
_____ (mode of transportation)

I agree on behalf of myself, my child's other parent if known, or living (name of other parents)
_____.

My child named herein, or our heirs, successors, and assigns, agree to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, principal, teacher, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian) Date

Complete the Medical Consent on the back of this waiver.



Field Trip **STUDENT** Medical Release Form

Student's Name: _____

Medical Matters

I hereby warrant to the best of my knowledge my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

Emergency Medical Treatment

In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of any emergency when you are unable to reach me, contact:

Name & Relationship _____ Phone _____

Family Doctor _____ Phone _____

Medications

My child will bring all medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequencies, are as follows:

My child is taking the following medication at the present time:

Medication(s) _____ Dosage _____ Medication _____ Dosage _____

Medication _____ Dosage _____ Administer _____

_____ I hereby **DO NOT** GRANT PERMISSION for medication of any type, whether prescription or nonprescription, to be administered to my child unless the situation is life-threatening and emergency treatment is required. **Please initial:** _____

_____ I hereby **GRANT** PERMISSION for nonprescription medication provided by the parent(s)/guardian(s) (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. **Please initial:** _____

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My child _____ has had an episode of the following or has been diagnosed?

Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) ? _____

Has had medical surgery within the last six months? Yes No Still under Doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date? Yes No

Date of last tetanus/diphtheria immunization _____

You should be aware of these special medical conditions of my child. _____

INSURANCE INFORMATION

Insurance Carrier _____ Policy #: _____ ID# _____

Name of Insured _____

Father's Name _____ Birth Date: _____

Place of Employment _____ Mother's Name _____ Birth Date: _____

Place of Employment: _____ No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, or diarrhea, I want to be called immediately.

Parent/ Guardian must sign for anyone under 18 years of age

Date



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Field Trip **Volunteer/Driver** Medical Release Form

Volunteer's Name _____

Address _____

Home Phone # _____

Cell Phone # _____

Date of Birth _____

Work Phone # _____

Physician's Name/ Phone # _____

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, _____, do hereby release, hold harmless and discharge the Diocese of Little Rock, the school, the parish, its staff, and volunteers from any and all liability, claim, loss, damage, cost, or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way to any action or omission to act of any such organization or person in connection with the execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise or any hospitalization necessary.

Signature

Date

OPTIONAL:

Please list medical conditions/allergies/special health information

Please list medications (prescriptions or non-prescription) that you would like us to be aware of

Medical Insurance Company Policy Number _____

Policy in the Name of Relationship _____