

# Diocesan Policy Concerning Supervision of Youth Trips & Other Functions

## VOLUNTEER DRIVER INFORMATION FORM

If private vehicles are being used, this form MUST be submitted with the Youth Travel and Guidelines form. Your insurance is the primary carrier in the event of an accident.

### 1. Driver

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Social Security# \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Driver's License# \_\_\_\_\_

### 2. Vehicle that will be used

Name of Owner \_\_\_\_\_ Year & Make \_\_\_\_\_  
Address \_\_\_\_\_ Model \_\_\_\_\_  
\_\_\_\_\_  
License Plate \_\_\_\_\_  
Registration Expires \_\_\_\_\_ Inspection Expires \_\_\_\_\_

*If more than one vehicle is to be used, requested information must be provided for each vehicle.*

### 3. Insurance Information

When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance company \_\_\_\_\_  
Policy number \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
Liability Limits of Policy\* \_\_\_\_\_

**\* Please note:** *The required minimum liability limits for privately owned vehicles is \$100,000/\$300,000. An additional \$1 million umbrella is recommended, though not required.*

### 4. Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that, as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students. I agree to follow all rules of the road and the guidelines regarding supervision of minors.

Signature: \_\_\_\_\_

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

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**PARENT REQUEST TO PARTICIPATE  
& MEDICAL RELEASE FORM**

**Dear Parent or Legal Guardian:**

Your son/daughter is eligible to participate in a church/school-sponsored event. This activity will take place under the guidance and supervision of \_\_\_\_\_ from (church, parish, school) \_\_\_\_\_. A brief description of the activity follows:

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

Destination: \_\_\_\_\_

Designated Supervisor of Activity: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

Approximate Cost: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility that may result from any personal actions taken by the named student.

I hereby consent to participation by my child, \_\_\_\_\_ in the event described above. I understand that this event will take place away from the church/school grounds and that my child will be under the supervision of the designated chaperons on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

\_\_\_\_\_  
Print Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

SWORN TO and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Seal)

\_\_\_\_\_  
My commission expires

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**MEDICAL RELEASE AND INFORMATION FORM**  
*(Medical Information For Overnight Trips Only)*

Name of participant \_\_\_\_\_

Medication presently on (Name and dosage for each) \_\_\_\_\_

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Allergies (Foods, Medication, etc.): \_\_\_\_\_

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Any other Medical conditions (asthma, diabetes, seizures etc) \_\_\_\_\_

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Date of last tetanus shot \_\_\_\_\_

Contact Person	Home Phone	Work Phone	Cell Phone
Parents			

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Contact Person (alternate)	Home Phone	Work Phone	Cell Phone

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I hereby give my permission for my child to be administered medical help in case of an emergency. If you have medical insurance please indicate the following:

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Parents(s) Guardian(s) signature \_\_\_\_\_

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