



Totus Tuus Morning Session Bus Rider Permission Form
July 2019



Form with fields: Name of School (St. Patrick School, Washington), Date of Trip (7/15/19 - 7/19/19), Destination (St. Monica Parish, East Peoria), Student Cost for Trip (\$5 one way / \$10 round trip per child), Educational Purpose (Totus Tuus Bus Transportation), Departure Time (8:30 a.m.), Return Time (3:00 p.m.), Trip Supervisor (Joel Geisz (bus driver)), Transportation (School Bus)

\*\*\*Please fill out the bottom portion and return along with your payment to the St. Patrick Church Office. Checks may be made payable to St. Patrick Church.

Code of Behavior: As a participant he or she is representing our parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese.

Some Expectations:

- 1. All bus riders are expected to arrive on time.
2. All bus riders are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under age 18, I also understand and agree that my parents or guardian will be notified at the time of the infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Participant #1 Signature: \_\_\_\_\_
Participant #2 Signature: \_\_\_\_\_
Participant #3 Signature: \_\_\_\_\_
Participant #4 Signature: \_\_\_\_\_
Parent/Guardian Signature: \_\_\_\_\_
Date: \_\_\_\_\_

Medical Permission Form: I grant permission for the administration of First Aid to my child(ren), \_\_\_\_\_, by the people in charge of the above referenced activity/event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child.

Child #1
Participant's Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Child #2
Participant's Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Child #3
Participant's Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Child #4
Participant's Name: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Parent/Guardian Signature: \_\_\_\_\_
Date: \_\_\_\_\_

Please check the bus rider option that your child(ren) will be using:

- Child(ren) will be riding the bus from St. Patrick School TO Totus Tuus at 8:30 a.m. (+ \$5.00/child)
Child(ren) will be riding the bus home to St. Patrick School FROM Totus Tuus at 3:00 p.m. (+ \$5.00/child)
Child(ren) will be riding the bus TO and FROM Totus Tuus at 8:30 a.m. and 3:00 p.m. (+ \$10.00/child)

\*\*\*Note: If your children will be using different bus rider options, please indicate which child will be using each option.

OFFICE USE:
Total Due: \_\_\_\_\_
Amount Paid: \_\_\_\_\_
Check #: \_\_\_\_\_