



## **PROTECTING YOUTH AND VOLUNTEERS TRANSPORTATION/FIELD TRIPS EMERGENCY MEDICAL TREATMENT POLICY**

Volunteers should obtain written permission from parents before transporting 4-H members other youth in personal or commercial vehicles to any activity or event, including club and activities and county or state activities. Written parental permission is not for routine car-pooling of youth to and from regular club or group meetings and activities. Although permission slips are not required for insurance purposes, it is strongly recommended that volunteers use them so that all parents and leaders will know who is transporting event or activity.

Private passenger vehicles used to transport youth must be properly registered and insured, and must be driven by individuals with a valid license for the type of vehicle used. Vehicles must be used for their intended purpose, and a seat belt must be provided for each passenger. 15 passenger vans are prohibited.

The county extension office shall have advance notice of any club field trip. Please provide office with the following information: date and time of trip, destination, mode of transportation, and contact person.

The person in charge of the field trip should take the following with him/her to use in of an emergency:

- A signed Delaware 4-H Health Form for every participant, which includes an Emergency Medical Treatment Release.
- A signed Parental Permission Form for every participant

A sample Parental Permission Form is attached.



### DELAWARE 4-H FIELD TRIP PARENTAL PERMISSION FORM

The \_\_\_\_\_ 4-H club/Extension youth group is planning a field trip. Please review the following trip details and complete, sign, and return the bottom portion of this form to the club leaders no later than \_\_\_\_\_ (due date).

Field trip to \_\_\_\_\_

Date of trip \_\_\_\_\_ Time and place of departure \_\_\_\_\_

Mode of transportation \_\_\_\_\_ Cost of trip \_\_\_\_\_

Leader in charge \_\_\_\_\_ Phone \_\_\_\_\_

Members should bring \_\_\_\_\_

(Child's name) \_\_\_\_\_ has my permission to participate in the 4-H field trip to \_\_\_\_\_

During the activity I may be reached at:

Address \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

Other comments (including allergies to medicines and foods) \_\_\_\_\_

During the field trip, my child will need the following medication \_\_\_\_\_ to be administered at (time) \_\_\_\_\_.

Signature of volunteer administering medication \_\_\_\_\_; date \_\_\_\_\_; time \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Clubs may choose to use the 4-H Health Form for additional health and emergency information.*