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.