



SMITH COLLEGE

Community Service Office (CSO)

www.smith.edu/cso

(413) 585-2793

Transporting Children/Field Trip Permission Form

For use when transporting/hosting one or more children for an individual one-to-one outing or for a group event.

****Staff or Student volunteers will keep a copy of this form with them at all times during a field trip or outing and a copy must be given to the CSO prior to transporting/visit.***

CSO Policy on Transportation of Children under 18

- Children under the age of 5 must be accompanied by a parent/guardian or agency staff member.
- For groups of three or more children over the age of 5, the student driver must also be accompanied by another college student, a parent, guardian, or agency staff member.
- No more than 5 children can be transported in a 7-passenger van.
- The parent or guardian of each child must sign this permission form. The agency involved must also sign each form.
- Transportation provided in College-owned vehicles or rental vehicles. Student drivers are not permitted to transport children or agency participants in personal vehicles.
- Child Restraints must be provided by the parent, guardian, or coordinating agency: Children up to 20lbs must be in a rear-facing child seat in the back seat of the van. Children up to 40lbs or 5 years must be in a child seat with harness, though after 20lbs this may be a forward facing seat. Booster seats are required for children up to 8 years or under 4'9".

Smith student complete this section

_____ (Smith Student-Driver), volunteering for _____ (agency)

in the capacity of _____ (job title) has permission to transport by Smith College Vehicle

_____ (Child) for the purpose of _____ and for the date(s) of or

the time period of:

One-time only or single days/dates: _____ (date)

Regular or weekly use: _____ (include dates/circumstances)

Emergency Procedures for Volunteers: if on campus, dial 800 for Public Safety; off-campus, dial 911. Explain situation calmly and ask for assistance. Once situation is stabilized, contact CSO staff to help contact family and agency staff.

Smith Student / Driver Signature: _____

Agency complete this section

Agency Supervisor / Title, Print Name: _____

Agency Supervisor Signature: _____

Agency Supervisor Contact in case of Emergency: **Work Phone:** _____

Cell Phone: _____ **After Hours Phone:** _____

Email: _____

Other Agency Contact in case of Emergency: **Name & Title:** _____

Cell Phone: _____ **After Hours Phone:** _____

Email: _____

Parent/Guardian complete this section

- I give permission for medical treatment in an emergency situation: in the event of an emergency, every effort will be made to contact the parent/guardian and agency or school staff. If the situation requires medical attention, I give my permission for emergency medical treatment

Parent / Guardian Print Name: _____

Parent / Guardian Signature (*granting permission*): _____

Today's Date: _____

Parent / Guardian Emergency Contact Information: **Home Phone:** _____

Cell Phone: _____ **Address:** _____

Work Phone: _____ **Email:** _____

Medical insurance information: **Plan & ID #:** _____

Subscriber Name: _____ **Insurance Phone #:** _____

Primary Care Doctor's Name: _____ **Doctor's Phone #:** _____

Doctor's Address: _____