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:** ______________________________________