

Catholic Mutual...CARES

FIELD TRIP

RISK MANAGEMENT INFORMATION

The purpose of the enclosed information is to provide sample forms and procedures to minimize the exposures created by participation in field trips.

In addition to completion of the enclosed forms, all participating adults should be screened and complete all safe environment requirements.

1. Field Trip Statement of Policy
2. Field Trip Participant Form (Day Trip)
3. Volunteer Driver Information Sheet
4. Adult Liability Waiver
5. Photo/Video Consent Form
6. Chaperone Guidelines
7. Incident Report Form

If you have any questions, please contact your CMG Risk Manager at 916-733-0281.

FIELD TRIP

STATEMENT OF POLICY

The (Arch)Diocese of _____ and/or _____ Parish/School recognizes the importance and value of trips for educational field study and approves of these visits to places of cultural or educational significance to further enrich the lessons of the classroom. This policy permits principals and/or assistants/vice principals to approve of field trips during normal school hours on a single school day. However, if out-of-state field trips, or any field trips to foreign countries are planned, these must have the ultimate approval of the (Arch)Diocese and/or school board. The following regulations should be taken into consideration when any field trips are being planned. They are as follows:

1. Adequate supervision by qualified adults, including one or more employees of the (Arch)Diocese and/or school.
2. Waivers by all adults and all parents/guardians of students taking any field trip of all claims against the (Arch)Diocese and/or the school for injury, accident, illness or death occurring during, or by reason of the field trip.
3. Proper insurance for students, personnel, and equipment. Any children and chaperones registering for a field trip should be able to show evidence of medical/health insurance for any accidents/bodily injury sustained on a field trip. If necessary, group accident insurance can be tailored and written on an event-specific basis. Please consult your Member Services Representative at Catholic Mutual Group if you have any questions. In addition, anyone bringing special equipment or gear from home for the benefit of the field trip should be advised that they are responsible for providing insurance in the event of damage, theft or other unforeseen circumstances.
4. If a fee is charged for the field trip, a contingency should be made for any student member who cannot afford the trip. Ideally, a student(s) should not be excluded because of lack of funds.
5. Inclusion of a proper first aid kit and fire extinguisher.
6. Permission in a written form from each student's parent or legal guardian to provide medical treatment if necessary.

Finally, to ensure the desired outcome of such field trips, teachers should prepare the students for the place that is to be visited and the things that are to be seen. Additionally, an advance visit should be made to the site of the field trip by the teacher so that any and all unforeseen circumstances, situations, and/or events could be properly planned for; so that any difficulties would be minimized.

PARISH/SCHOOL FIELD TRIP PARTICIPANT FORM (Day Trip)

Participant's name: _____ Date of birth (MM/DD/YY): _____
Parent/Guardian's name: _____ Home Phone: _____
Home address: _____

I, _____, grant permission for my child _____, to
Parent/guardian name *Child's name*
participate in this parish/school event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from _____ (Name of school).

Event name/type: _____

Date(s) of event: _____

Location of event: _____

Individual in charge: _____

Estimated date/time of departure and return: _____

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____ (Name of Parish/School), its officers, directors, employees and agents, and the **Diocese of Sacramento**, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the **Diocese of Sacramento**, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the **Diocese of Sacramento**.

Signature: _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge that my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship to Child: _____
Phone: _____ Alt Phone: _____
Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ **Date:** _____

MEDICATIONS: Typically, no medications will be dispensed or taken during a day field trip. Please work with the school administration on any foreseeable exceptions.

SPECIFIC MEDICAL INFORMATION: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Does the child have a medically prescribed diet? _____

Does the child have any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

Signature: _____

Date: _____

PARISH/SCHOOL FIELD TRIP PARTICIPANT FORM (Overnight)

Participant's name: _____ Date of birth (MM/DD/YY): _____
Parent/Guardian's name: _____ Home Phone: _____
Home address: _____

I, _____, grant permission for my child _____, to
Parent/guardian name *Child's name*
participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from _____ (Name of parish/school).

Event name/type: _____

Date(s) of event: _____

Location of event: _____

Individual in charge: _____

Estimated date/time of departure and return: _____

Mode of transportation to and from event: _____

I understand and agree that during this event, my child may be supervised by qualified staff and chaperones from another parish or school within the Roman Catholic Diocese of Sacramento, and that participants may share accommodations when appropriate. I acknowledge that all supervision and activities are conducted under diocesan policies and coverage.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____ (Name of Parish/School), its officers, directors, employees and agents, and the **Diocese of Sacramento**, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the **Diocese of Sacramento**, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the **Diocese of Sacramento**.

Signature: _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge that my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship to Child: _____
Phone: _____ Alt Phone: _____

Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ **Date:** _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the **Diocese of Sacramento**, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as it is reasonably possible (sign only those that are applicable).

Signature: _____ **Date:** _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ **Date:** _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ **Date:** _____

I hereby grant permission for non-prescription medication (i.e., non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

SPECIFIC MEDICAL INFORMATION: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does the child have a medically prescribed diet? _____

Does the child have any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

Signature: _____ **Date:** _____

(Name of Parish/School)

Parish/School Volunteer Driver Information Form
VERIFICATION OF AUTOMOBILE INSURANCE and DRIVER LICENSE
Required of ALL Drivers for Parish Activities

Only adults at least 25 years of age who have regularly driven automobiles for the past 5 years and meeting the minimum requirements listed in this form will be allowed to drive on parish activities. In the past eight years, the driver **must not have been convicted** of any felony charge involving a motor vehicle or any offense involving alcohol or drugs (e.g. DUI/Drugs, open container, etc.). If you do not have the minimum auto insurance requirements shown below, you may not drive any private vehicle in connection with parish activities, ministries or transporting others for any parish sponsored activities.

PLEASE ATTACH a copy of your current driver's license and Insurance Policy.

Name: _____ Driver License No./State: _____

Residence/Address: _____ Expir. Date of License _____

Vehicle Make, Model, and Year:	License No.	State
1. _____	_____	_____
2. _____	_____	_____

CERTIFICATION

I hereby certify that insurance policy number _____ issued by

_____ is in force. This policy provides liability
(Name of Insurer/Insurance Company)

insurance coverage on the above listed automobile(s) in amounts no less than \$100,000 individual/\$300,000 cumulative each loss or occurrence bodily injury, \$50,000 property damage, \$5,000 per person medical, and \$100,000 uninsured motorist insurance.

I further certify that the vehicle to be used is adequate for the use to which it is put, is equipped with seat belts, and is in safe mechanical condition.

If the above insurance is terminated, or if my driver's license is suspended or revoked, I will immediately cease using the above owned automobile for parish activities and events.

I certify I have read, understand, and agree to abide by the terms stated above.

(signature)

(print name)

(date)

ADULT LIABILITY WAIVER

Each adult participant, volunteer, driver, group leader and chaperone, must sign this form.

Parish/School: _____
Nature of Activity: _____
Date: _____
Duration: _____

RELEASE OF LIABILITY, INDEMNIFICATION AGREEMENT & MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns, executors,
Print Full Name
and personal representatives, to hold harmless, and defend _____, the Roman Catholic
Parish/School Name
Diocese of Sacramento, its officers, directors, agents, employees and representatives ("Releasees") associated with the Activity from any and all liability claims, injury, loss and damage arising from or in connection with my participation in the Activity.

Further, I AGREE to hold Releasees harmless and indemnify Releasees for any claim or cause of action whatsoever, including but not limited to all claims relating to communicable disease, arising out of the above Activity which takes place during the above identified dates that is brought against Releasees by myself or my family members, heirs, assigns, executors, and personal representatives.

I UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

EMERGENCY MEDICAL TREATMENT: If I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. Please advise the doctors that I have the following allergies and/or other health conditions: _____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____
Relationship to me: _____
Daytime Phone: _____ Night-time phone: _____
Health Insurance Carrier: _____
Insurance ID Number: _____ Insurance Policy Number: _____

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS AN AUTHORIZATION FOR MEDICAL TREATMENT, INDEMNIFICATION AGREEMENT AND RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTIVITY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Signature

Date

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Photograph and Video Consent Form

From time to time, pictures and video may be taken of youth ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardian(s) of this youth _____, authorize and
(youth name)
give full consent, without limitation or reservation, to _____, to
(parish/school)
publish any photograph or video in which the above-named student appears while
participating in any program associated with _____ ministry. There
(parish school)
will be no compensation for use of any photograph or video at the time of publication or in
the future.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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CHAPERONE GUIDELINES/ BEHAVIOR STANDARDS

Chaperones must be at least 25 years of age. While it is acceptable to have “helpers” between the ages of 18 and 21, we recommend that they be supervised by an adult chaperone. Each chaperone will be assigned a specific group of students for whom they will be responsible.

Regular daily responsibilities will include:

- Make sure students are present on the bus or other means of transportation every time transportation is used.
- Make sure the students are in their rooms at curfew.
- Make sure students are awake on time.
- Make sure students understand the daily itinerary.
- Observe students for suspicious behavior that might involve breaking the rules.
- Remain attentive to students who are loud, disruptive, or disrespectful, and address such behavior promptly and firmly.
- Assist in medical emergencies and contact the person in charge immediately.
- Inquire within the assigned group about any individual medical conditions or concerns.
- No students or chaperones should leave the group for unauthorized excursions.
- You may search students’ rooms at any time with or without the students’ permission.
- Check luggage before the trip.
- Check hotel rooms for any damage or things left behind.
- Make sure students are properly dressed at all times.

Behavior standards include:

- “Buddy systems” should be used by chaperones; thus, it is very important to ensure 2 adults are always present (1 “adult” and 1 individual 18-21 is fine also).
- One-to-one contact with a student should always occur in a public place.

- Any verbal or nonverbal sexual behavior with any student is inappropriate.
- Do not touch a student against his/her will.
- Do not touch a student on any portion of their body that would be covered by a bathing suit.
- Sexual gestures or overtures a student makes to a staff member should be reported to the appropriate personnel.
- Do not appear in front of a student when not appropriately clothed.
- Do not change clothes in the same room or in view of a student.
- Driving alone with a student should be avoided at all times.
- It is not recommended to be one-on-one with a student. If it's necessary to drive alone with a student: Do not sit close to one another in the car; do not come into physical contact with each other; do not stop the car to talk, or if you must stop the car, turn on the inside light of the car.
- Do not strike or touch a student as a means of discipline.
- Do not use derogatory language when addressing a student.
- Be alert for suspicious or unusual behavior.
- All suspicions of child or sexual abuse need to be reported to appropriate personnel.
- No student should be taken on any type of trip or excursion without the written consent of the custodial parent or legal guardian.
- No student should be allowed to visit you in your quarters.
- No student should be denied food, water, or shelter.

DIOCESE OF SACRAMENTO

INCIDENT REPORT

PLEASE COMPLETE AT THE SCENE OF THE INCIDENT (FOR ANY INJURY OR PROPERTY DAMAGE)

- **DO NOT ADMIT LIABILITY.** Do not make any statements regarding fault or payment of any bills.
- **IMMEDIATELY** fill out this report and fax/e-mail to:

Catholic Mutual Claims

Phone #: (800) 228-6108

FAX #: (402) 551-2943

e-mail: reportclaim@catholicmutual.org

- **TAKE STEPS TO PROTECT** property and mitigate damages. Do all you can to prevent damages from worsening.
- **EXAMINE** the accident scene. Note conditions such as debris, moisture, lighting, equipment involved, etc. **Take photos of the damage, injury and scene/area as soon as possible after the incident.**
- **DO NOT DISCUSS THE INCIDENT** except with Church Officials, Police, or your Catholic Mutual insurance representative.
- **KEEP ANY EVIDENCE** for the claims adjuster's review.

INCIDENT REPORT

DATE: _____ TIME: _____

PERSON SUBMITTING REPORT: _____ PHONE: _____

PARISH/SCHOOL/AGENCY _____

ADDRESS: _____

LOCATION INCIDENT TOOK PLACE: _____

DESCRIPTION OF INCIDENT: _____

PERSON OR PROPERTY INVOLVED IN INCIDENT: _____

ADDRESS: _____

AGE: _____ PHONE: _____

NATURE AND EXTENT OF INJURY OR PROPERTY DAMAGE: _____

WHY WAS THE PERSON ON PREMISES? _____

WITNESSES

NAME: _____

ADDRESS: _____

PHONE#: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

NAME: _____

ADDRESS: _____

PHONE#: _____

POLICE/FIRE DEPARTMENT

NAME OF
OFFICER: _____

BADGE #: _____ PHONE #: _____

AMBULANCE: _____

SUBMITTED BY: _____ DATE: _____

TITLE: _____

ADDRESS: _____

DAYTIME PHONE
#: _____

FAX #: _____

WHAT ACTION HAS BEEN TAKEN TO PREVENT SIMILAR ACCIDENTS IN THE FUTURE?

