

DIOCESE OF YAKIMA - CATHOLIC MUTUAL GROUP

FIELD TRIP – YOUTH PROGRAMS RISK MANAGEMENT INFORMATION

February 2012

OVERVIEW

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

INDEX OF FORMS

- 1. Field Trip (Statement of Policy)**
- 2. Liability Waive (Adult)**
- 3. Parental/Guardian Consent Form & Liability Waiver**
- 4. Transportation Policy**
- 5. Driver Information Sheet**
- 6. Spanish Field Trip Forms – 3 pages**

You can adapt them with your particular church/school/youth group name along with The Diocese of Yakima's name.

Thank you for your interest and concern regarding these important issues. If you have any questions or need additional information, please feel free to call Catholic Mutual's Risk Management Department at 1-800-228-6108.

DIOCESE OF YAKIMA

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/group leaders 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 Diocese, the school and/or the parish.
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, or by reason of the field trip.
3. Proper insurance for students, personnel, and equipment. Any children and chaperons 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-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 insure the desired outcome of such field trips, teachers/leaders should prepare the students/youth 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/leader so that any and all unforeseen circumstances, situations, and/or events could be properly planned for; so that any difficulties would be minimized.

DIOCESE OF YAKIMA

ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors,
Full Name
and personal representatives, to hold harmless and defend _____,
Parish/School/Youth Group
_____ its officers, directors, agents, employees, or
(Arch) Diocese
representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip.

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give my permission for the necessary emergency treatment to be administered.

Please advise the doctors that I have the following allergies: _____

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

Name: _____ Relationship to me: _____

Daytime Phone: _____ Nighttime Phone: _____

Health Insurance Carrier _____

Insurance ID Number _____ Insurance Policy Number _____

Signature

Date

Print Name

DIOCESE OF YAKIMA

FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name _____

Birth date _____ Sex _____

Parent/Guardian's name _____

Home address _____

Home phone _____ Work phone _____

I, _____, grant permission for my child, _____,
Parent/Guardian name Child's name

to participate in this parish/school/youth ministry event that requires transportation to a location away from the parish/school/youth ministry site. This activity will take place under the guidance and direction of employees and/or volunteers from _____.

Name of parish/school youth group

A brief description of the activity follows:

Type of event _____

Date of event _____

Destination of event _____

Individual in charge _____

Estimated 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 _____, its officers, directors, employees & agents, Parish/school/youth group

And the of _____, it's employees, and agents, chaperons, or (Arch)Diocese

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/youth group, its officers, directors and agents, and the _____,

(Arch)Diocese

its employees and agents and chaperons, or representatives 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 claims arises from the negligence of the parish/school/youth group or _____.

(Arch)Diocese

Signature _____ Date _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.) I understand that my medical insurance is always primary.

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. **Please be aware that your medical insurance is always primary.** In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship _____ 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/youth group, its officers, directors, and agents, and the, (Arch)Diocese _____ chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as a headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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 (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature _____ Date _____

Specific Medical Information: The parish/school/youth group 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 child have a medically prescribed diet? _____

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, chickenpox, etc.? If so, date and disease or condition: _____

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

DIOCESE OF YAKIMA

FIELD TRIP

TRANSPORTATION POLICY

Commercial carrier or contracted transportation is the most desirable method to be used for field trips and, whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible. If commercial carriers are used (e.g., commercial airlines, trains, or buses) no further information is required. However, if transportation is contracted, signed contracts should be executed with an appropriate hold harmless agreement protecting the parish and the (Arch)Diocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).

LEASED VEHICLES

If a vehicle is leased, rented, or borrowed to transport participants to and from the event, appropriate insurance should be obtained. Coverage can be purchased through the rental company or your local agent. If auto coverage is provided through Catholic Mutual, contact should be made with your Member Services Representative, Troy Taylor at 800-228-6108 or ttaylor@catholicmutual.org. **COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED, OR BORROWED VEHICLES.**

PRIVATE PASSENGER VEHICLES

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question (see form attached).

1. The driver must be 21 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and valid and current license plates.
4. The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence.

A signed **Driver information Sheet** on each vehicle used must be obtained prior to the field trip.

Each driver and/or chaperon should be given a copy of the approved itinerary including the route to be followed and a summary of his/her responsibilities.

DISTANCE LIMITATIONS (For non-contracted transportation)

1. Daily maximum miles driven should not exceed 500 miles per vehicle.
2. Maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30-minute break.

DIOCESE OF YAKIMA

FIELD TRIP

VOLUNTEER DRIVER INFORMATION FORM

Driver:

Name of Driver _____ Date of Birth _____

Address _____

Home Phone # _____ Cell Phone # _____

Driver's License # _____

Date of Expiration _____ State Issued _____

Vehicle That Will Be Used:

Name of Owner _____ Address _____

Year, Make & Model of Vehicle _____ Phone # _____

License Plate Number of Vehicle Used _____ Date of Expiration _____

If more than one vehicle is used, the aforementioned information must be provided for each vehicle.

Insurance Information:

Insurance Company's Name _____ Policy # _____

Liability Limits of Policy* _____ Date of Policy Expiration _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

Agent's Name _____ Agent's Phone # _____

In order to provide for the safety of our students or other members of the parish/school/youth group and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last three years:

1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. TRUE: ___ FALSE: ___
2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. TRUE: ___ FALSE: ___
3. I have had no more than three moving violations or accidents in the last three years.
TRUE: _____ FALSE: ___

Please be aware that as a volunteer driver, your insurance is primary.

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that driving for Church/School/Youth Ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students/participants. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Church/School/Institute Representative signature

Date

Thank you for helping us with our transportation needs.

LA DIOCESIS DE YAKIMA
CATHOLIC MUTUAL “SE PREOCUPA PARA USTED”
FORMA DE PERMISO DE PADRES OF GUARDIAN LEGAL
PARA LA PARTICIPACION EN UN DIA DE EXCURSION

Estimados Padres o Guardian Legal:

Meta de Curriculum: _____

Destinación: _____

Supervisor designado para la actividad: _____

Fecha y Tiempo de salida: _____

Fecha y hora anticipada de regreso: _____

Forma de transporte: _____

Costo al esturdiante: _____

Si usted desea que su hijo/a participe en este evento, favor de completar, firmar y regresar la siguiente declaración de consentimiento y documento de renuncio a la responsabilidad. Como padre, o guardian legal, usted es completamente responsable por cualquiera responsabilidad legal que pueda resultar de acciones personales tomadas por dicho estudiante.

Yo estoy de acuerdo con la participación de mi hijo/a _____.

En el evento mencionado. Entiendo que este evento tomará lugar fuera de la escuela y que mi hijo/a estaría bajo la supervisión de un empleado designado por la escuela en las fechas mencionadas. Además afirmo que estoy de acuerdo con las condiciones mencionadas sobre la participación en este evento, incluyendo el método de transporte.

Nombre/Firma de los Padres

Domicilio

#de telefono en caso de emergencia

Favor de regresar estas formas a más tardar _____.

LA DIOCESIS DE YAKIMA
HOJA DE INFORMACION DE SALUD
(NOMBRE DE EVENTO)

NOMBRE _____
Hombre _____ Mujer _____ Fecha de nacimiento _____

DIRECCION _____
CIUDAD _____ CODIGO POSTAL _____
TELEFONO _____
PARROQUIA _____
CIUDAD _____

Se encuentra este participante de buena salud y disponible a participar en actividades de este entrenamiento?
SI _____ NO _____ (si no, someta una declaracion de limitaciones)

Favor de dar fecha de mas reciente de examen fisico:
FECHA _____
DOCTOR/CLINICA FAMILIAR _____
DIRECCION DEL DOCTOR/CLINICA _____
TELEFONO _____

Historia de inmunizaciones. FAVOR DE DAR LAS FECHAS:
DPT 1 _____ DPT 2 _____ TETANO _____
SERIE DE IMUNIZACIONES PARA PARA POLIO _____ 2DA DE POLIO _____ TB _____

Alergias (Favor escribir si o no para cada una)
ASTHAM _____ PIQUETE DE ABEJA _____ CONVULSIONES _____ DESMAYOS _____
ALERGIAS _____ PENICILINA _____ SULFA _____

ALERGIAS A COMIDAS (cuales) _____

OTROS _____

Si se marco si en alguno de los anotadas arriba, favor de someter una declaración de como su hijo/a fue tratada y con cual medicamento,. Este y cualquier otro medicamento será dispensado por el Coordinador _____ (Diocesano O Parroquial) _____ de Jóvenes. U na hoja de permiso para hacerlo sara enviada ya que la aplicación se recibe.

Operaciones o Heridas graves:
Fechas _____

Al firmar esta aplicación, yo certifico que ia información anotada esta correcta y doy permiso para que mi hijo/a sea llevado/a en un vehiculo privado a y de transportación publico o para actividades fuera del _____ (Tipo de evento) _____ o; y permiso para ceder archivos medicos a un doctor en caso de enfermedad.

En caso de una emergencia medica, entiendo que todo esfuerzo se hara de comunicarse con los padres o guardianes de los participantes. En caso de que no puedan comunicarse conmigo doy permiso a que el doctor elegido por el Director del _____ (Evento) _____, hospitalice, asegure tratamiento adecuado para inyecciones, anesthesia o cirugiá para mi hijo/a nombrado aqui.

Compania de aseguranza _____ Número de póliza _____

Teléfono de padres _____ Teléfono Udiciona` _____

FIRMA DEL PADRE/GUARDIAN: _____ Fecha _____

Favor de añadir una copia de su tarjeta médica con esta forma

REGRESAR ESTO CON APLICACION Y FORMA DE RECOMENDACION.

LA DIOCESIS DE YAKIMA
EXCURSION

FORMA DE INFORMACION PARA CHOFERES

CONDUCTOR

Nombre _____ Fecha de nacimiento _____

Dirección _____ Num. De Seguro Social _____

_____ Número de teléfono _____

Numero de licencia _____ Fecha de expiración _____

VEHICULO QUE SERA UTILIZADO

Nombre del propietario _____ Modelo del vehículo _____

Dirección del propietario _____ Marca del vehículo _____

_____ Año del vehículo _____

Número de placas _____ Fecha de expiración _____

Fecha de expiración del registro _____

Si más de un vehículo va a ser utilizado, la información anterior debera ser obtenida para cada vehiculo.

INFORMACION DEL SEGURO

Cuando se utilize un vehiculo particular, los limites de la cobertura serán los limites provistos por la póliza de dicho vehiculo.

Nombre de la compañía de seguros _____

Número de póliza _____

Fecha de expiración _____

Limites de responsabilidad de la póliza _____

*Nota: Los limites minimos de resonsabilidad que serán aceptables para vehiculos particulares son de \$100,000/\$300,000.