

# DIOCESE OF YAKIMA

## FIELD TRIP - YOUTH PROGRAMS RISK MANAGEMENT INFORMATION

### CATHOLIC MUTUAL GROUP



Corporation of the Catholic Bishop of Yakima  
5301-A Tieton Drive  
Yakima, Washington 98908

# **DIOCESE OF YAKIMA - CATHOLIC MUTUAL GROUP**

## **FIELD TRIP – YOUTH PROGRAMS RISK MANAGEMENT INFORMATION**

**March 2015**

### **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. Passenger, Bus and Shuttle Use Policy**
- 7. Chaperone Guidelines**
- 8. Incident Investigation Report for Incidents**
- 9. Spanish Field Trip Forms – 3 pages**

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.

# **Catholic Mutual. . . "CARES"**

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## **YOUTH TRIPS INVOLVING OVERNIGHT STAY**

Many of today's activities for our youth involve activities located outside of the city in which you reside. These trips provide a fun way to keep kids involved with the church; however, certain risk management steps should be taken to help reduce the potential for liability exposure for the church and/or school. This document is intended to be a resource for the leadership of youth trips to help you be successful and to be able to enjoy your trip as planned.

### **Preparing for the Trip**

1. If possible, the designated leader should make an advance visit to the area to assist in foreseeing any potential risks that may be encountered during the trip. Any foreseen or unforeseen problems should be properly planned for in advance. The safety and security of all participants should be carefully assessed. Some areas to keep in mind are: Will additional security need to be provided onsite? What is the distance to the nearest medical facility? What medical services are available? Will the participants require additional vaccinations depending upon the location of the trip?
2. Create a plan of action to respond to any emergency. Even the worst case scenario should be thought through to plan a response.
3. Confirm there are adequate facilities for housing all of the participants of the group in one location, including all adult chaperones.
4. Check for any U.S. Travel Alerts/Warnings if trip is planned outside of the United States by visiting <http://travel.state.gov/content/passports/english/alertswarnings.html>.
5. If the trip is to a non-English speaking location, arrange to have someone that speaks the language travel with you to translate.
6. Two common reasons parents decide to take legal action if their child is injured are a lack of communication and the element of surprise. If participants are minors, parents need to be informed in writing with all details regarding the trip. This would include but not be limited to the following:
  - a. type of activities they will be participating in,
  - b. cost (if any)
  - c. departure and arrival dates and times,
  - d. location and contact information where to be reached in case of emergency,
  - e. names of chaperones,
  - f. mode of transportation (i.e. airplane, bus, etc.),
  - g. accommodations,
  - h. parent/legal guardian responsibility

7. A waiver of all claims against the (Arch) Diocese and/or the parish for injury, accident, illness, or death occurring during or by reason of the activity should be obtained from the parents/guardians of each participant under the age of 18. Your diocese may have an approved Parental Permission/Indemnity Agreement or the attached sample can be used. It is important to ensure this form also includes a medical release and health information on the minor participant.
8. All individuals 18 and older also need to complete a waiver of all claims which includes a medical release portion. A sample form is attached.
9. All adult chaperones must follow (Arch) Diocesan requirements to comply with the *Bishop's Charter for the Protection of Children and Young People*. This would include having a criminal background check conducted and attending Safe Environment training prior to the trip.
10. Determine if any additional insurance coverage will need to be obtained. If this trip will take place outside of the United States, all participants should check with their healthcare provider to ensure their coverage will follow them. If coverage would not apply, arrangements should be made to acquire adequate health insurance coverage for the trip.
11. Arrange a meeting with all participants and parents/legal guardians (if participant is a minor) to fully explain all details of the trip clearly and specifically as well as answer any questions they may have. Written behavior standards should be distributed to each participant requiring signatures to indicate they have read and understand what is expected of them. It should be mandatory that at least one parent/guardian attend this meeting with the participant.
12. Chaperones should be given a copy of the Chaperone Guidelines. (attached)
13. Participants should be reminded to bring along any prescription medications or other health items regularly used such as allergy medications or contact solutions. See additional information regarding Medications below.

### **During the Trip**

1. Proper supervision must be provided at all times. What is considered "proper" could vary according to the age of participants and the type of activity. The greater ratio of supervision, the better.
2. Participants should be divided into smaller groups with a designated adult leader. A binder with medical release forms and emergency contact names/numbers for each individual should be carried by the designated group leader at all times in case an injury occurs.
3. If the trip is located outside the U.S., participants should dress appropriately and according to the customs and dress standards of the country in which you are visiting.
4. Be aware of the conditions of local tap water. Boiled or bottled water as well as bottled or canned beverages are safest. Select foods carefully and avoid raw foods that can't be peeled or boiled.

## **Transportation**

Commercial carrier or contracted transportation is the most desirable method to be used 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 (i.e. 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/school 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).

**DO NOT ALLOW 11-15 PASSENGER VANS TO BE USED FOR TRANSPORTATION.**

If a vehicle will be leased, rented, or borrowed to transport participants, 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. **COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED, OR BORROWED 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.

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 license plates.
4. The vehicle must be insured for the following minimum limits:  
\$100,000 per person/\$300,000 per occurrence.

The attached Driver Information Sheet for each driver must be obtained prior to the 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 responsibilities.

With the exception of commercial or contracted transportation, the daily maximum miles driven should not exceed 500 miles per vehicle. Also, the maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30 minute break.

## **Medications**

Self-medication by children is not recommended while on any church/school sponsored activity. It is recommended that one of the chaperones on the trip be in charge and custody of all medications (prescription and over-the-counter) for all children on the trip. This responsibility is detail-oriented and extremely important. While these procedures were designed for schools, we recommend you apply these steps and controls to your trip. Parents need to provide a complete list of medications taken by their child. This should include the prescription number (if applicable), quantity received, drug strength, expiration date and dosage schedule. For over-the-counter medications, they should provide the name of medication, quantity received, drug strength (e.g. 250 mg), expiration date, and dosage. A log should be kept for dispensing the medication including the date, time and signature as the medication(s) are administered, starting with the number of pills received

**Note: We do not recommend you administer shots of any kind. Children needing this type of medication (e.g. insulin) are fully trained in this process and you are only to observe their administration of the shot to be sure the medication has been delivered.**

**If you have a child who is allergic to bee stings or suffer from peanut or other food allergies, we recommend you have an epinephrine stick on hand at all times on the trip. Be sure that all chaperones have been trained on how to use this device and are comfortable with its use. In the case of a severe allergic reaction, seconds are very important to successful treatment.**

### **Incident Report Form**

**This form should be filled out completely as soon as possible after any accident/injury occurs. It is best to complete this form while all of the details, including conditions and witnesses are still fresh in your minds.**

# 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
7. All youth 18 years or older that are still in high school are considered vulnerable adults. Therefore, completed field trip permission forms will be required prior to attending a field trip. Any youth over the age of 18 years old that are not enrolled in high school will be considered an adult volunteer and will have to comply with the Diocese of Yakima Safe Environment training and complete a background check form.

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.**

# **CATHOLIC UMBRELLA POOL II**

## **11 to 15 Passenger Van, Bus and Shuttle Use Policy**

Effective July 1, 2003, Catholic Umbrella Pool II adopted the following policies governing the use of 11 to 15 passenger vans (whether owned, leased, or borrowed).

1. The use of non-owned (borrowed) or short-term leased 11 to 15 passenger vans to transport children or adults is prohibited beginning July 1, 2003.
2. **The use of 11 to 15 passenger vans to transport children or adults is totally prohibited beginning July 1, 2004.** Beginning July 1, 2004, 11 to 15 passenger vans may be used for cargo hauling **only if** all but the two front seats are removed.
3. Although **not recommended**, to allow for a transition to other types of vehicles, organizations may continue to use owned or long-term leased 11 to 15 passenger vans to transport children or adults until July 1, 2004 (unless prohibited by state law). However, 11 to 15 passenger vans cannot be purchased or leased after July 1, 2003 for the intent of transporting children or adults.
4. 11-15 passenger vans can be replaced with either a school bus or a Multifunction School Activity Bus (MFSAB). A MFSAB is a vehicle which complies with the Federal Motor Vehicle Safety Standards (FMVSS) applicable to school buses for crash survivability and mirrors.
5. If a MFSAB is used for the transportation of children, these vehicles **must** meet FMVSS 111; FMVSS 220; FMVSS 221; and FMVSS 222 (see below). If purchasing a MFSAB to transport children, it is important to confirm with the seller that the vehicle meets all four FMVSS. There are vehicles that visually appear to be conforming, but are not.
6. When acquiring a bus or shuttle to transport adults, the four FMVSS should also be followed. However, CUP II may approve adult transportation for a nonconforming bus or shuttle that meets at least two of the FMVSS's in limited circumstances. Requests for exceptions should be submitted to Catholic Mutual.
7. Although MFSAB's are preferred, mini-vans may continue to be used to transport children or adults. A mini-van is defined as a passenger vehicle **designed** to transport no more than **8** total occupants.

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Below are the four FMVSS referred to in the above policy. Additional information on how to determine if a bus or shuttle meets FMVSS standards can be obtained from Catholic Mutual's Risk Management Department at (800) 228-6108.

FMVSS 111 – Fulfills the safety requirement for the rear-view and cross-view visibility.

FMVSS 220 – Establishes requirements for the school bus body structure in rollover accidents.

FMVSS 221 – Regulates the strength of body panel joints in school buses.

FMVSS 222 – Establishes occupant protection requirements for school bus passenger seating and barriers.

***Important Note: Vans, Buses and Shuttle Buses capable of transporting 16 plus passengers must also comply with the above FMVSS. As outlined in number six of the above policy, exceptions can be made if the vehicle is used solely for the transport of adults.***

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## **CHAPERONE GUIDELINES/BEHAVIOR STANDARDS**

Chaperones should be at least 25 years of age. It is fine to have "helpers" ages 18-24; however, we recommend that these individuals be supervised by an adult chaperone. Each chaperone will be assigned a group of students for which they are responsible. Regular daily responsibilities will include:

1. Make sure students are present on the bus or other means of transportation every time transportation is used.
2. Make sure the students are in their room at curfew.
3. Make sure students are awake on time.
4. Make sure students understand daily itinerary.
5. Observe students for suspicious behavior that might involve breaking the rules.
6. Be on guard for students being loud, obnoxious, and/or rude. Do not tolerate this behavior.
7. Assist in medical emergencies and contact person in charge immediately.
8. Inquire within assigned group about any individual medical abnormalities.
9. No students or chaperones should leave the group for unauthorized excursions.
10. You may search students' rooms at any time with or without the students' permission.
11. Check luggage before the trip.
12. Check hotel rooms for any damage or things left behind.
13. Make sure students are properly dressed at all times. Behavior standards include:
  1. "Buddy systems" should be used by chaperones; thus, it is very important to ensure 2 adults are present at all times (1 "adult" and 1 individual 18-24 is fine also).
  2. One-to-one contact with a student should always occur in a public place.
  3. Any verbal or nonverbal sexual behavior with any student is inappropriate.
  4. Do not touch a student against his/her will.
  5. Do not touch a student on any portion of their body that would be covered by a bathing suit.
  6. Sexual gestures or overtures a student makes to a staff member should be reported to the appropriate personnel.
  7. Do not appear in front of a student when not appropriately clothed.
  8. Do not change clothes in the same room or in view of a student.
  9. Driving alone with a student should be avoided at all times.
  10. If 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.
  11. Do not strike or touch a student as a means of discipline.
  12. Do not use derogatory language when addressing a student.
  13. Be alert for suspicious or unusual behavior.
  14. All suspicions of child or sexual abuse need to be reported to appropriate personnel.
  15. No student should be taken on any type of trip or excursion without the written consent of the custodial parent.
  16. No student should be allowed to visit you in your quarters.
  17. No student should be denied food, water or shelter.



# **SPANISH FORMS**

**LA DIÓCESIS DE YAKIMA**  
**CATHOLIC MUTUAL “SE PREOCUPA PARA USTED”**  
**FORMA DE PERMISO DE PADRES O GUARDIÁN LEGAL**  
**PARA LA PARTICIPACIÓN EN UN DÍA DE EXCURSIÓN**

Estimados Padres o Guardián Legal:

Meta de Currículo: \_\_\_\_\_

Destinación: \_\_\_\_\_

Supervisor designado para la actividad: \_\_\_\_\_

Fecha y Tiempo de salida: \_\_\_\_\_

Fecha y hora anticipada de regreso: \_\_\_\_\_

Forma de transporte: \_\_\_\_\_

Costo al estudiante: \_\_\_\_\_

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 guardián legal, usted es completamente responsable por cualquier 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 teléfono en caso de emergencia

Favor de regresar estas formas a más tardar \_\_\_\_\_.

LA DIÓCESIS DE YAKIMA  
HOJA DE INFORMACIÓN DE SALUD

EVENTO: \_\_\_\_\_

NOMBRE \_\_\_\_\_  
Hombre \_\_\_\_\_ Mujer \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_

DIRECCIÓN \_\_\_\_\_  
CIUDAD \_\_\_\_\_ CÓDIGO POSTAL \_\_\_\_\_  
TELÉFONO \_\_\_\_\_  
PARROQUIA \_\_\_\_\_  
CIUDAD \_\_\_\_\_

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

Favor de dar fecha de más reciente de examen físico:  
FECHA \_\_\_\_\_  
DOCTOR/CLINICA FAMILIAR \_\_\_\_\_  
DIRECCIÓN DEL DOCTOR/CLÍNICA \_\_\_\_\_  
TELÉFONO \_\_\_\_\_

Historial de inmunizaciones. FAVOR DE DAR LAS FECHAS:  
DPT 1 \_\_\_\_\_ DPT 2 \_\_\_\_\_ TÉTANO \_\_\_\_\_  
SERIE DE IMUNIZACIONES PARA POLIO \_\_\_\_\_ 2DA DE POLIO \_\_\_\_\_ TB \_\_\_\_\_

Alergias (Favor escribir sí o no para cada una)  
ASTHAM \_\_\_\_\_ PIQUETE DE ABEJA \_\_\_\_\_ CONVULSIONES \_\_\_\_\_ DESMAYOS \_\_\_\_\_  
ALERGIAS \_\_\_\_\_ PENICILINA \_\_\_\_\_ SULFA \_\_\_\_\_

ALERGIAS A COMIDAS (cuales) \_\_\_\_\_

OTROS \_\_\_\_\_

Si se marco si en alguna de las preguntas 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. Una hoja de permiso para hacerlo será enviada ya que la aplicación se reciba.

Operaciones o Heridas graves:  
Fechas \_\_\_\_\_

Al firmar esta aplicación, yo certifico que la información anotada esta correcta y doy permiso para que mi hijo/a sea llevado/a en un vehículo privado de transportate publico o para actividades fuera del (Tipo de evento) \_\_\_\_\_ o; y permiso para ceder archivos médicos a un doctor en caso de enfermedad.

En caso de una emergencia médica, entiendo que todo esfuerzo se hará 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, anestesia o cirugía para mi hijo/a nombrado aquí.

Compañía de aseguranza \_\_\_\_\_ Número de póliza \_\_\_\_\_

Teléfono de padres \_\_\_\_\_ Teléfono adicional \_\_\_\_\_

FIRMA DEL PADRE/GUARDIAN: \_\_\_\_\_ Fecha \_\_\_\_\_

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

REGRESAR ESTO CON LA APLICACIÓN Y FORMA DE RECOMENDACIÓN.

**LA DIÓCESIS DE YAKIMA  
EXCURSIÓN**

**FORMA DE INFORMACIÓN 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 deberá ser obtenida para cada vehículo.

**INFORMACIÓN DEL SEGURO**

Cuando se utilizó un vehículo particular, los límites de la cobertura serán los límites provistos por la póliza de dicho vehículo.

Nombre de la compañía de seguros \_\_\_\_\_  
Número de póliza \_\_\_\_\_  
Fecha de expiración \_\_\_\_\_  
Límites de responsabilidad de la póliza \_\_\_\_\_

\*Notar: Los límites mínimos de responsabilidad que serán aceptables para vehículos particulares son de \$100,000/\$300,000.