

Diocese of Corpus Christi

YOUTH PROGRAMS/FIELD TRIPS

Youth group activities can present a wide range of loss exposures. First, and foremost is the need to have pre-screened adult supervision for all youth group activities and outings. One-on-one contact with a youth and adult and with the youth themselves should be avoided. This is especially important in “at risk” situations (i.e. overnight field trips, non-public areas, etc.).

Field trip permission and release forms and, if applicable, driver screening forms, should be utilized for all off-site functions. All volunteers and chaperone drivers **must** be at least 21 years of age. In some situations, it may be recommended **not** to have your church/school responsible for providing transportation to an off-site location. In these cases, it should be the parent’s/guardian’s responsibility for taking and picking up their child from the activity site/function.

Steps to Safe Youth Activities

Supervision

It is important that there is proper supervision of the young adults. Make sure that the ratio between staff and youth is adequate and that chaperones actually chaperone. Never leave a youth alone whether it is after an event or after the youth meeting. Make sure that all youths are picked up before chaperones or teachers leave the premises. Never place yourself in an indefensible position due to a lack of common sense.

Communication

Make sure that parents/guardians are aware of the when, where and how of an activity through written communication. Listen to the concerns of parents/guardians. It is also wise to develop policies on how to respond in given situations.

Transportation

Whether the vehicle belongs to the parish, school, a volunteer, or is rented, make sure there is adequate insurance on the vehicle(s). Do not overload the vehicles. Make sure that there are enough seat belts for every passenger in the vehicle. Do not allow students to drive. All drivers must be 21 years of age or older to transport students to and from activities. Situations do arise where the availability of parish/school approved drivers for offsite activities is inadequate. Often, the best and only solution is to have parents/guardians responsible to take and pick up the youth member from the activity site.

Planning

Make sure that all events are planned in detail and that everyone knows their part in the event. Transportation requirements are a very important part of your planning.

Training

Make sure that applications are used to screen both paid and volunteer persons and check references and backgrounds of individuals. Someone, either paid or volunteer, should have some Emergency First Aid training during any activity.

Documentation

Written records should be kept of all activities, including the where, what and when of the activity. Permission slips for all field trips and insurance forms on all vehicles should be kept for future reference. Accident reports should be filed immediately after any incident.

Avoidance

Youth activities should avoid inherently dangerous activities (i.e. hot air ballooning, skiing, inner tubing, white water rafting, boating, skydiving, ropes courses, etc.) to limit the liability exposure. When your common sense creates doubt, contact Catholic Mutual. Never allow drugs or alcohol during youth activities.

In summary, the 10 steps to a safe Youth Activity are as follows:

- 1) Maintain good documentation.
- 2) Screen and train your staff.
- 3) Provide adequate staffing for the activity.
- 4) Be prepared and know how to respond to an emergency.
- 5) Avoid inherently dangerous activities.
- 6) Continuously provide close supervision.
- 7) Do not overcrowd a vehicle.
- 8) Do not allow a student to drive. All drivers must be at least 21 years of age.
- 9) All vehicle occupants must have and use seat belts.
- 10) Always use permission slips.

The following pages contain applicable risk management information and field trip forms.

Diocese of Corpus Christi

FIELD TRIP

RISK MANAGEMENT INFORMATION

OVERVIEW

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

INDEX OF FORMS

- I. Field Trip (Statement of Policy)
- II. Field Trip Liability Waiver (Adult)
- III. Parental/Guardian Consent Form and Liability Waiver
- IV. Questionnaire for Employees and Volunteers
- V. Transportation Policy/Driver Information Sheet

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 Group, Risk Manager for the Diocese of Corpus Christi, at (888) 712-0888.

Diocese of Corpus Christi

FIELD TRIP (Statement of Policy)

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

1. Adequate supervision by qualified adults, including one or more employees of the school.
2. Waivers by all adults and all parents/guardians of students taking any field trip of all claims against the Diocese of Corpus Christi and 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 the claims office of 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 who cannot afford the trip. Ideally, a student should not be excluded because 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 should prepare the students for the place that is to be visited and the things that are to be seen. Additionally, the teacher should make an advance visit to the site of the field trip 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 Corpus Christi

FIELD TRIP – LIABILITY WAIVER (ADULT)

In addition to the Field Trip Health Information/Release form, each participant, including group leaders and chaperones, 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)

and the Diocese of Corpus Christi, its officers, directors, agents, employees, or
representatives associated with the field trip from any and all liability claims, loss or damage
arising from or in connection with my participation in the field trip.

Signature

Date

Print Name

Diocese of Corpus Christi

FIELD TRIP – PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____

Birth Date: _____ Gender: _____

Parent's/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

I, _____ grant permission for my child, _____
(Parent's or Guardian's Name) (Child's Name)

to participate in this school sponsored field trip 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)

A brief description of the activity follows:

Type 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 and agents, and
(Name of School)

the Diocese of Corpus Christi, 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 school, its officers, directors and agents, and the Diocese of Corpus Christi, 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 school/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.)

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 and 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 school, its officers, directors and agents, and the Diocese of Corpus Christi, 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.

Signature: _____ Date: _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be appropriately 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 MEDICATION INFORMATION: The 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 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, chicken pox, etc.? If so, list date and disease or condition: _____

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

Diocese of Corpus Christi

QUESTIONNAIRE FOR EMPLOYEES AND VOLUNTEERS

(All employees, volunteers, group leaders, chaperones, and drivers must complete this form.)

Name: _____		
Last	First	Middle
Address: _____		
Street		

City	State	Zip
Home Phone: _____	Cell Phone: _____	Business Phone: _____

Sexual misconduct by personnel (including officers, employees, lay volunteers, clerks, and religious personnel) of the Diocese of Corpus Christi while performing the work of the Diocese of Corpus Christi is contrary to Christian principles and is outside the scope of the duties and employment of all personnel.

Has a civil or criminal complaint ever been filed against you alleging drug, alcohol, physical or sexual abuse or misconduct?

Yes _____ No _____

If yes, give a short explanation of the complaint. (Please indicate the date, nature, and place of the incident leading to the complaint, where the complaint was filed, and the disposition of the complaint.) _____

Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of drug, alcohol, physical or sexual abuse or misconduct?

Yes _____ No _____

If yes, give a short explanation of the allegations. (Please indicate the date, nature, and place of the allegations, the dispositions of the allegations, and your employer at the time including your employer's name, address, and telephone number.) _____

Have you ever received any medical treatment, physical or psychological, for reasons involving drug, alcohol, physical or sexual abuse or misconduct? Yes _____ No _____

If yes, give a short description of the treatment, including date(s), nature, and location(s), identifying the treating physician with name, address and telephone number. _____

List three persons who can provide character references relating to your fitness for working with young people. These should not be family members or past or present employers.

Name: _____ Home Phone: _____

Street Address: _____

City/State/Zip: _____

Name: _____ Home Phone: _____

Street Address: _____

City/State/Zip: _____

Name: _____ Home Phone: _____

Street Address: _____

City/State/Zip: _____

The information provided on this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well as the Diocese of Corpus Christi and the

_____.

(Name of School)

Print Name

Signature

Date

Diocese of Corpus Christi

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 school, parish and Diocese of Corpus Christi. 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. The Diocese of Corpus Christi is Self-Insured with the State of Texas. According coverage **CANNOT** be extended to any borrowed or leased vehicles. **COVERAGE CANNOT BE EXTENDED 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.

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 chaperone 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.

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DRIVER INFORMATION

Name: _____ Date of Birth: _____
Address: _____

Phone No.: _____
Driver's License No.: _____ Date of Expiration: _____

Vehicle that Will Be Used

Name of Owner: _____ Model of Vehicle: _____
Address of Owner: _____ Make of Vehicle: _____

Year of Vehicle: _____
License Plate No.: _____ Date of Expiration: _____
Registration Expiration Date: _____

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

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company: _____ Policy No.: _____
Date of Policy Expiration: _____ Liability Limits of Policy*: _____

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

In order to provide for the safety of our students and other members of our school/parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past three (3) years:

_____.

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

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. 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.

Signature

Date