

CATHOLIC MUTUAL GROUP

DIOCESE OF RICHMOND
OFFICE OF CAMPUS & YOUNG ADULT MINISTRY

FIELD TRIPS RISK MANAGEMENT INFORMATION

OVERVIEW

The enclosed forms and procedures are to minimize the exposures created by participation in Campus and Young Adult Ministry Programs.

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

These forms are to be used by all Campus Ministry locations in the Diocese of Richmond for all field trips, including but not limited to retreats, alternate Spring Break trips, etc. They are also to be used for young adults participating in field trips and social events (retreat experiences, immersion and service experiences) and travel to and from those experiences under the auspices of the Diocese of Richmond. These documents have been reviewed by the Diocesan Office of Risk Management and legal counsel.

CAMPUS/YOUNG ADULT MINISTRY

FIELD TRIPS

The Diocese of Richmond, Virginia recognizes the importance and value of spiritual/educational formation study and approves of these trips to various locations. This policy permits Campus ministers/near campus pastors/campus contacts to approve field trips. The following regulations should be taken into consideration when field trips are being planned. They are as follows:

1. Adequate supervision by qualified adults, including one or more leaders (volunteer or employee) of the Diocese, a parish and/or campus ministry. Volunteers and employees must be in compliance with the Diocesan Safe Environment Regulations to include completion of required background screening as well as VIRTUS, Safe Environment training. For more information: <http://intranet.richmonddiocese.org/docs/safeenvironment2005.pdf>
2. Waivers by all adults and all parents/guardians of minor-aged students taking any field trip of all claims against the Diocese for injury, accident, illness or death occurring during, or by reason of the field trip.
3. Proper insurance for students, personnel, and equipment should be available 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 Risk Management, if you have any questions. In addition, anyone bringing special equipment or gear from home for the benefit of the 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 event, a contingency should be made for any student member who cannot afford the trip. Ideally, a student 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 minor-aged student's parent or legal guardian to provide medical treatment if necessary.

Finally, an advance visit should be made to the site of the field trip by the staff so that any and all unforeseen circumstances, situations, and/or events could be properly planned for; so that any difficulties would be minimized.

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**FIELD TRIP
LIABILITY WAIVER (ADULT)**

In addition to the Field Trip Health Information/Release form, each participant, including group leaders and chaperons, must sign this form.

RELEASE OF LIABILITY

I, _____, agree on behalf of myself, my heirs, assigns, executors, and
Full name

personal representatives, to hold harmless and defend the Diocese of Richmond, 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

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EMERGENCY MEDICAL RELEASE (ADULT)

Event:	Dates: _____ to _____
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In the event of an emergency, I give authority to the adults listed below to authorize the medical treatment of myself.

Signature:	Date:
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Print Name:

Name of Policy Holder:

Health Insurance Co.:	Ins. Policy No.:
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Family Physician:	Phone:
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Do you have any allergies? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Are you currently taking any medications? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
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If yes, please list:	If yes, please list:
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Is there any other physical or emotional condition of which we need to be aware? Yes: <input type="checkbox"/> No: <input type="checkbox"/>

If yes, please explain:

TREATMENT MAY BE AUTHORIZED BY ANY ONE OF THE FOLLOWING:

Name:	Contact Info:

Please complete, sign and submit to:

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**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY
WAIVER FOR MINOR AGED CHILD PARTICIPATION**

FIELD TRIP NAME: _____

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

I, _____ grant permission for my son/daughter, _____
Parent or guardian's name Son/Daughter's name

to participate in this event that requires transportation to a location away from the campus site. This activity will take place under the guidance and direction of diocesan employees and campus ministers. 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 son/daughter named herein, or our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees and
Name of Retreat Center

agents, and the Diocese of Richmond, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my son/daughter 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 retreat center, its officers, directors and agents, and the Diocese of Richmond, its employees and agents and chaperons, 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 retreat center/diocese.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my son/daughter is in good health, and I assume all responsibility for the health of my son/daughter. (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 son/daughter 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: _____
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, its officers, directors and agents, and the Diocese of Richmond, chaperons, or representatives associated with the activity that my son/daughter becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: My son/daughter is taking medication at present. My son/daughter will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the son/daughter 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 son/daughter 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 son/daughter, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The retreat center 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 son/daughter have a medically prescribed diet? _____

Any physical limitations? _____

Is son/daughter subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has son/daughter 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 son/daughter: _____

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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 \$1,000,000 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. **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.

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.

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**FIELD TRIP
DRIVER INFORMATION SHEET**

Driver

Name	_____	Date of Birth	_____
Address	_____	Phone #	_____
	_____	Driver's License #	_____
	_____	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 #	_____	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 #	_____
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 others, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

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