

CATHOLIC MUTUAL... "CARES"

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.



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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.

(Revised 03/2016)



PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____

Parent or guardian's name

Child's name

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

_____.

Name of parish

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

Name of Parish

and agents, and the Arch/Diocese of _____, its employees and agents, chaperons, 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, its officers, directors and agents, and the Arch/Diocese of _____, 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 parish/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:



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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 Arch/Diocese of _____, chaperons, 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 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 (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 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: _____



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ADULT LIABILITY WAIVER

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

RELEASE OF LIABILITY/MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, assigns,
Full Name
executors, and personal representatives, to hold harmless and defend
_____, its officers,
Parish/School (Arch) Diocese
directors, agents, employees, or 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 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: _____ Night time phone: _____
Health Insurance Carrier: _____
Insurance ID Number: _____ Insurance Policy Number: _____

Signature

Date

Print name



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INCIDENT INVESTIGATION REPORT FOR INJURIES

Complete this report for all incidents/injuries. (Also, complete this report for near-miss incidents/injuries). This report is for information only. All claims should be reported immediately to Catholic Mutual Group at (800) 228-6108. Please read each question carefully and answer all questions as completely as you can. **Please do not leave any blanks**, unless the question does not apply.

Name of Injured Person: _____ Phone: _____

Complete address: _____

Names of Witnesses and their complete addresses and phone numbers:

Describe the Incident: (State what the individual was doing and all circumstances leading up to the incident. Try to reconstruct the chain of events leading up to the incident/injury. Be specific.)

Who was involved? _____

What took place? _____

When did it occur? Date _____ Hour of incident _____ AM PM

Where did it happen? _____

Why did it happen? _____

How did it happen? _____

Corrective Action:

1. In your opinion, was this incident preventable? Yes _____ No _____

2. If yes, state why. _____

3. What action have you taken or do you propose taking to prevent a similar incident from taking place?

Training:

Have you provided any training to prevent this incident? If not, describe training to be conducted.

Incident Investigation conducted by: _____

Signature of individual in charge _____

_____ Date report prepared



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DRIVER INFORMATION SHEET

Driver

Name _____ Date of Birth _____
Address _____ Driver's License # _____
Phone # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
License Plate # _____ Year of Vehicle _____
Registration Expiration Date _____ Date of Expiration _____

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 or other members of the parish and those we serve, 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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature Date



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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.



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