

Catholic Mutual. . ."CARES"

YOUTH TRIPS INVOLVING AN OVERNIGHT STAY

Many of today's youth activities are located outside of the area where you reside. These trips are a fun way to keep kids involved with the Church; however, certain risk management steps should be taken to help reduce the Church's/School's potential liability exposure. This document is intended as a resource for those leading youth trips to be successful and enjoyable.

Preparing for the Trip

1. If possible, the designated leader should visit the site in advance to foresee any potential risks that may be encountered during the trip. Foreseen problems should be properly planned for in advance to assess the safety and security of all participants. Consider: 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 for this location?
2. Create an action plan to respond to any emergency. Even the worst-case scenario should have a planned response.
3. Confirm the adequacy of housing facilities for all participants, including all adult chaperones.
4. Check for 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 travel with an English-speaking person to translate.
6. Two common reasons that parents take legal action if their child is injured are a lack of communication and the element of surprise. If participants are minors, submit all trip details to parents in writing, including and not limited to:
 - a. type of activities
 - b. cost (if any)
 - c. departure and arrival dates/times
 - d. location and contact information in case of emergency
 - e. chaperone names
 - f. mode of transportation (i.e. airplane, bus, etc.)
 - g. accommodations
 - h. parent/legal guardian responsibilities
7. Obtain a waiver of claims against the Diocese and/or the parish for injury, accident, illness, or death occurring during or by reason of the activity from parents/guardians of each participant under the age of 18. Use your diocese's Parental Permission/Indemnity Agreement or the attached sample. 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 that includes a medical release portion.

9. All adult chaperones must follow diocesan requirements to comply with the ***USCCB Charter for the Protection of Children and Young People***, including passing a criminal background check, signing the Code of Conduct and Commitment and completing Protecting God's Children training before the trip.
10. Determine if any additional insurance coverage is needed. If the trip occurs outside the United States, participants should check with their healthcare provider to ensure their plan covers them. If not, obtain adequate health insurance coverage for the trip.
11. Meet with all participants and parents/legal guardians (if participant is a minor) to fully explain the trip details clearly and answer any questions they may have. Distribute written behavior standards to each participant and require signatures to indicate they have read and understand what is expected of them. At least one parent/guardian attend this meeting with the participant.
12. Give Chaperones the Chaperone Guidelines.
13. Remind participants to bring any prescription medications or other health items they regularly use such as allergy medications or contact solutions. See additional information regarding Medications below.

During the Trip

1. Provide proper supervision at all times according to participants' ages and type of activity; greater ratios of supervision are better.
2. Divide participants into smaller groups with a designated adult leader. The group leader should carry the binder with medical release forms and emergency contact names/numbers for each participant in case of injury.
3. If the trip is outside the U.S., participants should dress appropriately and according to the country's customs and dress standards.
4. Be aware of local tap water conditions. 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

Provide commercial carrier or contracted transportation if possible; avoid private passenger vehicles if possible. If using commercial carriers (i.e. commercial airlines, trains, or buses), no further information is required. However, if transportation is contracted, obtain signed contracts with an appropriate hold harmless agreement protecting the parish/school and the Diocese. Obtain proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit) from the carrier. **DO NOT ALLOW 11-15 PASSENGER VANS TO BE USED FOR TRANSPORTATION.**

Obtain insurance for a leased, rented, or borrowed vehicle to transport participants, purchase coverage through the rental company or your local agent. Contact your Member Services Representative if auto coverage is provided through Catholic Mutual, **COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED, OR BORROWED VEHICLES.**

If using private passenger vehicles, obtain and certify the following information from the drivers:

1. Age 21+
2. 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. Vehicle must have a valid and current registration and license plates.
4. Vehicle must be insured for these minimum limits: \$100,000 per person/\$300,000 per occurrence.

Obtain completed Driver Information Sheet for each driver before the trip. Give each driver and/or chaperone a copy of the approved itinerary including the route and a summary of responsibilities.

Private passengers may not be driven more than 500 daily miles. Also, the drive should take at least a 30- minute break after driving 250 consecutive miles.

Medications

Minors should not self-medicate while participating in any church/school sponsored activity. Assign a chaperone to be responsible for custody of all children's medications (prescription and over-the-counter). This responsibility is detail-oriented and extremely important. Request from parents a complete list of medications their child takes, including prescription number (if applicable), quantity received, drug strength, expiration date and dosage schedule. For over-the counter medications, they should provide medication name, quantity received, drug strength (e.g. 250 mg), expiration date, and dosage. Maintain a log for dispensing the medication including date, time and signature of person dispensing medication, starting with dosage/number of pills given the child.

Note: We do not recommend you administer shots of any kind. Children taking shots (e.g. insulin) are fully trained; therefore, you should only observe their administration to record the delivered medication.

Have an epinephrine stick on hand at all times for children who are allergic to bee stings or food allergies. Be sure all chaperones are trained on how to use this device and are comfortable with administering it. Seconds are critical for a severe allergic reaction.

Incident Report Form

Fill this form out completely as soon as possible after any accident/injury occurs while all details, conditions and witnesses are fresh in your mind.

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Cell phone: _____ Business phone: _____

I, _____ grant permission for my child, _____

Parent or guardian's name

Child's name

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

Parish Name

A brief description of the activity follows:

Event Type _____

Event Date: _____

Event Destination: _____

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 all personal actions the above- named minor ("participant") takes.

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

Parish/School Name

and agents, and the 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 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.

Parent/Guardian 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 an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised before any further hospital or doctor treatment. In an emergency, if you are unable to reach me at the above numbers, contact:

Name/relationship: _____

Phone: _____ Family doctor: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

Signature: _____ Date: ____/____/____

Other Medical Treatment: If my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, please call me (phone charges reimbursed if applicable).

Signature: _____ Date: _____

Medications: My child currently takes medication. Please ensure that my child takes the following medications, including dosage and frequency:

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 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 as appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish/school takes reasonable care to see that the following information is confidential.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Does the child exhibit 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: _____

Please be aware of my child's special medical condition(s) : _____

ADULT LIABILITY WAIVER

Each adult participant, including group leaders and chaperones, 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

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.

If I require medical treatment and am unable 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

ACCIDENT/INJURY INVESTIGATION REPORT

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: _____

Witness Names and 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 injured? _____

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 propose taking to prevent a similar incident?

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

Report date

DRIVER INFORMATION SHEET

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

Vehicle That Will Be Used

Owner Name _____ Vehicle Model _____
Owner Address _____ Vehicle Make _____
_____ Vehicle Year _____
_____ Expiration Date ____/____/____
License Plate # _____
Expiration Date _____

If more than one vehicle is used, provide information 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)

To provide for the safety of our students or parish members and those we serve, volunteer drivers must list all accidents or moving violations in the last five years:

As a volunteer driver, your insurance is primary. Another policy coverage additional liability protection if a claim exceeds your policy limits.

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

CHAPERONE GUIDELINES/BEHAVIOR STANDARDS

Chaperones should be at least 25 years of age. You may have “helpers” ages 18-24; who are supervised by an adult chaperone. Each chaperone is assigned a group of students for which they are responsible. Regular daily responsibilities include:

1. Ensure that all students are accounted for each time transportation is used.
2. Ensure that students are in their room at curfew.
3. Ensure that students are awake on time.
4. Ensure that students understand daily itinerary.
5. Observe students for suspicious behavior that might break the rules.
6. Do not tolerate students being loud, obnoxious, and/or rude.
7. Assist with medical emergencies and contact person in charge immediately.
8. Inquire within assigned group about any individual medical abnormalities.
9. Ensure that 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 belongings left behind.
13. Ensure students are properly dressed at all times.

Behavior standards include:

1. “Buddy systems” should be used by chaperones; ensure two 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. Avoid any verbal or nonverbal sexual behavior with a student
4. Do not touch a student against his/her will.
5. Do not touch a student on any portion of the 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 person in charge.
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. Do not drive alone with a student; 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.
10. Do not strike or touch a student as a means of discipline.
11. Do not use derogatory language to address a student.
12. Be alert for suspicious or unusual behavior.
13. Report suspected child abuse to the person in charge.
14. No student should be taken on any trip or excursion without the custodial parent's written consent.
15. Do not allow students to visit you in your room.
16. Do not deny students food, water or shelter.