



RISK CONTROL MEMORANDUM

To:	Catholic Diocese of Green Bay Parishes, Schools & Other Facilities
Attn:	School Leaders and Business Managers
Date:	September 2013
From:	Gwendolyn Arps ☐ Risk Control Consultant Direct Line: 920-431-6265 e-mail: gwendolyn.arps@aon.com Barbara Wiegand, Facilities and Properties Director, bwiegand@gbdioc.org
Re:	Field Trips

Field trips can be an enjoyable and memorable part of any child's education. It is often one of the most effective learning tools teachers and administrators have at their disposal. However, without proper planning and consideration, a trip filled with fun, can quickly become an experience filled with stress and fear. To properly prepare for field trips, consider the following guidelines:

General Regulations

- Ensure adequate supervision by qualified adults, including one or more employees of the Parish, Diocese and/or school
- Be proactive in regard to challenging students. Consider asking one of their family members to be a chaperone
- Obtain waivers by all adults and all parents/guardians of students taking any field trip of claims against the Parish, Diocese and/or the school for injury, accident, illness or death occurring during, or by reason of the field trip. *See attached Adult Liability Waiver*
- Require 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 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. *See attached Medical Information and Consent Liability Waiver Form*
- If a fee is charged for a 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
- Be sure to take along a proper first aid kit and fire extinguisher
- Obtain permission in a written form from each student's parent or legal guardian to provide medical treatment if necessary
- Ensure all emergency contact information is current for each attendee
- Make sure you have all necessary daily and emergency medications, including those for severe allergies such as nuts and bee stings

Transportation Policy

- **Commercial Carrier or Contracted Transportation** is the most desirable method to be used for field trips. 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 Diocese. Also contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 CSL (Combined Single Limit).



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- **Leased Vehicle** ☐ If a vehicle is lease, 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 to be provided through the Catholic Mutual, contact Aon in advance. Coverage cannot be automatically assumed for leased, rented, or borrowed vehicles. **Coverage cannot be provided for 10-15 passenger vans.**
- **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 year 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 plate
 4. The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence or \$300,000 Combined Single Limit

A Signed Driver Information Sheet for each driver 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 following and a summary of his/her responsibilities.

Chaperone Guidelines

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 transportations 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

Content from Catholic Mutual Group

This and other Risk Control Memorandums are also available on the Diocese website at:

<http://www.gbdioc.org/facilities-and-properties/risk-control-memos.html>

FIELD TRIP

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,
Full Name
executors, and personal representatives, to hold harmless and defend
_____, _____, its officers,
Parish/School (Arch) Diocese
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

FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____

Date of birth: _____ 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/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from _____.
Name of parish/school

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
Name of Parish/School

officers, directors, employees 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/school, 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/school or the Arch/Diocese of _____.

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 & 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, 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/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? _____

Does child have 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: _____
