

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing

Name of Parish

In this event sponsored by _____
Name of Parish

On _____
Date of the Event

Please Read and Sign.

I, _____, Will:
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, the Parish/School can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: _____

No later than: _____

The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18, if deemed necessary for overnight events or other activities requiring responsible behavior.

FIELD TRIP PERMISSION FORM

For Overnight Events

Participant Name _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Work/Cell Phone _____ Work/Cell Phone _____

Parish/School: Church of Saint Agnes SSG Troop 121

Date of Event/Field Trip: _____ **Type of Field Trip: Campout** **Participant Cost: \$20.00**

Destination: _____

Individual(s)/Teacher(s) in Charge: SSG Troop 121 Captain and Lieutenants

Estimated Time of Departure: _____ **Return:** _____

Mode of Transportation To and From Event/Field Trip: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion on the sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____ Phone number: _____

HEALTH INFORMATION:

Medication my child is taking at present: _____

For headache or minor pain, my child may be given: _____

Allergies: _____

Other Medical Conditions: _____

Insurance Company: _____ Family Health Plan carrier number: _____

I, _____, **GIVE PERMISSION FOR,** _____
Parent or Guardian Name Child name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the parish/school while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

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.)*

Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis, 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 indicated on attached Prescription Drug & Medical Authorization Form.

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 Medical Information: 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? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.?

If so, date and disease or condition: _____

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

**FIELD TRIP
LIABILITY WAIVER (ADULT)**

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

FIELD TRIP VOLUNTEER RELEASE FORM

Assumption of Risk and Indemnity Agreement

Parish/School _____ Date of Activity/Field Trip _____

Description of Activity/Field Trip:

The undersigned person volunteers to serve as a chaperone for the above-described activity/field trip.

The undersigned, his/her personal representatives, heirs and assigns, DO HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE **the above named parish/school** and the Archdiocese of Saint Paul and Minneapolis, MN for any and all claims and liability, except for those arising out of the strict liability or negligence of releasee which causes the undersigned injury, death or property damage and further agrees to hold releasee harmless and indemnify releasee from any claim, judgment or expense releasee may incur by participation in the described activity/field trip.
2. UNDERSTAND that participation in the described activity/field trip involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.

I HAVE READ THIS DOCUMENT. I UNDERSTAND IT IS A RELEASE OF ALL CLAIMS. I UNDERSTAND I ASSUME ALL RISK INHERENT IN THIS ACTMTY. I VOLUNTARILY SIGN MY NAME EVIDENCING MY ACCEPTANCE OF THESE PROVISIONS.

Printed Name Date Signed

Signature

**FIELD TRIP
DRIVER INFORMATION SHEET**

DRIVER

Name _____ Date of Birth _____

Address _____ Phone # _____

Drivers License # _____ Date of Expiration _____

VEIDCLE TO BE USED

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ 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 Expiration _____

Liability Limits of Policy _____

Please note: the minimal, acceptable liability limit for private ly-owned vehicles is \$100,000/\$300,000

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 participants of the event.

Signature _____ Date _____

TRANSPORTATION POLICY

This document represents the official Transportation Policy for the Archdiocese of St. Paul & Minneapolis. This Transportation Policy is designed to establish uniform guidelines to help provide for the safe transportation of individuals participating in parish and school functions. It is the responsibility of all parishes and schools to be familiar with, and to follow this policy in its entirety. **Any questions about this policy should be directed to Catholic Mutual, at (651) 290-1605, or toll-free 1 (877) 290-1605.**

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 Archdiocese. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$500,000 CSL (Combined Single Limit). Please forward any contracts and/or certificates of insurance to Catholic Mutual for review.

10-15 Passenger Vans/Conversion Vans

The use of vehicles classified as 10-15 passenger vans (also called conversion vans) is **not allowed, under any circumstances** for the transportation of passengers. Both federal and state laws prohibit the transportation of school-aged children in these vehicles for school activities. The Archdiocese of St. Paul & Minneapolis has extended that ruling to include all passengers for any activity, in the interest of the safety. Even if some seats have been removed or reconfigured to make them seat a different number of passengers, use of this type of vehicle to transport passengers is prohibited. The classification of these vehicles refers to their capacity and not how many people are transported in the vehicle. Even with a few seats removed or only three passengers in the vehicle, they are not permitted.

Please be advised that there is no coverage under the General Insurance Program for your parish or school should you choose to use these vehicles. The use of these vehicles to transport passengers is a violation of the Transportation Policy and could put your parish or school in a potentially liable position, with no insurance coverage.

Leased Vehicles

If a vehicle is leased, rented or borrowed to transport participants to and from the event, appropriate insurance (comp/collision) should be obtained. Coverage can be purchased through the rental company or your local agent. The General Insurance Program may provide liability only coverage for your leased, rented or borrowed vehicle. **However, coverage cannot be automatically assumed for these vehicles. Contact Catholic Mutual for further information.**

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 (see form attached).

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 licenseplates.
4. By state law, 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 event.

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.

VOLUNTEER & EMPLOYEE DRIVERS

This information pertains to both volunteers and employees who use their personal vehicles on a mission for the church/school.

Automobile insurance follows the vehicle; therefore, the volunteer's auto liability insurance is primary. Catholic Mutual has excess liability coverage only, which would come into effect only after all other liability coverage is exhausted.

Under the No-Fault-Medical statute, if passengers are injured, the medical bills would go first to the passenger's own automobile coverage, or if the passenger is; a minor, to the parent/guardian's auto insurance. If the passenger has no auto coverage, then the medical bills would go to the volunteer driver's No-Fault medical insurance. **There is no medical coverage provided for volunteer drivers or passengers through the Catholic Mutual Program.**

- Please be certain that your volunteer drivers have adequate insurance. The minimal acceptable liability limit from privately owned vehicles in the State of Minnesota is \$100,000 per person/\$300,000 per occurrence.
- All drivers must be at least 21 years of age, even if they are parish/school employees.
- Drivers must have a valid driver's license (non-probationary).
- Drivers must fill out a Driver Information Sheet to be kept on file in the parish/school office.
- Background checks must be performed for any volunteers/employees who will be driving minors.

In addition, drivers should not have any physical disabilities that could in any way impair their ability to drive safely. The volunteer's vehicle should be in good working order and have current registration and license plates. It is advised, but not mandatory, that the volunteer carry collision and comprehensive coverage on their vehicle as well, as the church/school cannot pay for, damages to their vehicle if it is damaged in a collision or is vandalized.

If a parish employee or volunteer, driving their personal vehicle on a mission for the church, does not have the minimum amount of insurance coverage and is in an auto accident, that person will be held responsible for paying any claims made due to the accident, up to the limit of financial responsibility allowed by law in Minnesota.

Under no circumstances are 10-15 passenger vans (also known as conversion vans) to be used for school trips or to transport anyone for parish activities. Regardless of who owns the vehicle, how many passengers are in the vehicle, or how many seats are installed in the vehicle, use of this van style is dangerous and strictly prohibited.

For further information, please contact your service office, 1-(877)-290-1605.