

OFF CAMPUS EVENT POLICY

Class visits to places of cultural or educational significance give enrichment to the lessons of the classroom. To ensure the desired outcomes of such trips, teachers should prepare the pupils for the place that is to be visited and the things that are to be seen. A discussion should be held regarding the purpose(s) and goal(s) of the trip. An advance trip by the teacher is suggested.

The written consent of parents must be obtained for every child participating off campus. Permission slips must inform parents of the following (Sample form is attached):

1. Name, location, and date(s) of the event
2. Cost to the student
3. Mode of transportation to be used
4. Name of supervisor overseeing the activity
5. Parent's responsibility

No student may participate unless a signed parent permission slip for the specific event is on file with the parish.

Medical information, contact persons and authorization for emergency medical treatment must be with the chaperones.

If transporting youth, whenever possible, bus transportation should be provided. The use of private vehicles is discouraged. If a private passenger vehicle must be used, the following must be verified by the driver (Refer to Volunteer/Employee Driver Information Sheet).

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 may impair the ability to drive safely.
3. The vehicle must have a registration,
4. The vehicle must have a valid state inspection sticker (if this is applicable to your area).
5. The vehicle must be insured for **minimum** limit of \$500,000 CSL (Combined Single Limit). Due to some insurers limitations, limits of \$250,000 per person /\$500,000 per occurrence are acceptable.

A signed Volunteer Driver Information Sheet must be submitted to the parish for each vehicle used.

Each driver and/or chaperone should be given a copy of the approved itinerary including the route(s) to be followed and a summary of their responsibilities. Carpooling where vehicles are visible to other vehicles in your group is to be done to the extent possible. Use of tracking apps such as Life 360, are encouraged to have a record of the trip and location stopped. For off campus events, supervision of two (2) adults per the first eight (8) students, and one (1) adult per each additional group of eight (8) students is required.

PARENT PERMISSION FORM FOR OFF CAMPUS PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored activity to a location away from the parish premises. This activity will take place under the guidance and supervision of employees/volunteers from _____ Parish.

Name of Event: _____

Destination: _____

Designated Supervisor of Activity: _____

Date and Time of Departure: _____

Method of Transportation: _____

Student Cost: _____

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

*******STATEMENT OF CONSENT*******

I hereby consent to participation by my child, _____, in the event described above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee and/or volunteers on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation.

In consideration of my child being allowed to participate in this off campus event, I hereby agree on behalf of myself and my child, to release _____ Parish, the Roman Catholic Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents and representatives, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the off campus event. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the off campus event. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this entire form by: _____ **to** _____
(Date) (Person)

MEDICAL TREATMENT AUTHORIZATION

To Whom It May Concern:

As a parent/guardian, I do hereby authorize the treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Minor's Date of Birth: _____ Age: _____ Home Phone _____

Reason for which release is intended: _____

Address of Minor: _____ City: _____

Emergency Contact: _____ Relationship to Minor: _____

Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medications, contacts, or other pertinent comments:

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____

(Parent or Guardian)

VOLUNTEER/EMPLOYEE DRIVER INFORMATION SHEET

I. Driver information:

Name: _____ Date of Birth: _____

Address: _____

II. Vehicle that will be used:

Name of Owner: _____ Year and Make: _____

Address of Owner: _____ Model: _____

_____ License Plate: _____

Registration Expires: _____ Inspection Expires: _____

If more than one vehicle is to be used, requested information must be provided for each vehicle and driver.

III. Insurance Information: The insurance coverage for a privately owned vehicle is the limit of the insurance policy covering that specific vehicle.

Insurance Co.: _____

Policy Number: _____

Expiration Date: _____

Liability Limits of Policy*: _____

***Please note:** The minimal, acceptable liability limit for privately owned vehicles is \$500,000 CSL (Combined Single Limit). Due to some insurers' limitations, limits of \$250,000 per person/\$500,000 per occurrence are acceptable.

IV. 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/employee driver, I hold a valid driver's license and have the required insurance coverage in effect on any vehicle used to transport students, co-employees, service recipients and/or act on behalf of the church or related entities.

Signature: _____ Date: _____

V. Recommendation:

Only experienced drivers, i.e. 21 or over, should transport students.

This form is to be kept by the parish.

STUDENT ACCIDENT REPORT

SCHOOL _____ MCC UNIT NO. _____ PHONE: (____)____ - _____

ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF INJURED STUDENT: _____ DATE OF BIRTH: _____ GRADE: _____

PARENT'S NAME: _____ PHONE: (____)____ - _____

PARENT'S ADDRESS: _____
(NUMBER & STREET) (CITY) (ZIP)

DATE OF ACCIDENT: _____ TIME: _____ AM _____ PM _____

SPECIFIC LOCATION OF ACCIDENT: _____

PERSON SUPERVISING: _____ TITLE: _____

DESCRIBE HOW ACCIDENT OCCURRED: _____

DESCRIBE ACCIDENT LOCATION, SURFACE AND CONDITION: _____

DESCRIBE INJURY, EXTENT, AND PART OF BODY: _____

NAME OF PERSON PROVIDING FIRST AID: _____

DESCRIBE FIRST AID ADMINISTERED: _____

WERE PARENTS NOTIFIED? YES ____ NO ____ HOW? _____

BY WHOM? _____ AT WHAT TIME? _____

LIST WITNESSES, ADDRESSES, AND PHONE NUMBERS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSON MAKING REPORT: _____ PHONE (____)____ - _____

TITLE: _____ DATE OF REPORT: _____

ALL ACCIDENTS SHOULD BE REPORTED TO THE PRINCIPAL'S OFFICE ON THIS FORM ON THE DAY THEY OCCUR.

STUDENT ACCIDENT SUPPLEMENTAL INSURANCE IS PROVIDED BY A SEPARATE PROGRAM THROUGH MICHIGAN CATHOLIC CONFERENCE. HOWEVER, TO PROTECT THE DIOCESE FROM POTENTIAL LIABILITY, THIS REPORT MUST BE COMPLETED FOR ALL INJURIES OTHER THAN MINOR CUTS AND BRUISES.

PLEASE REPORT ALL INJURIES IMMEDIATELY TO GALLAGHER BASSETT SERVICES, INC.:

(833) MCC-LOSS / (833) 622-5677

MEDICATION TRANSFER

All medication (prescription and over-the-counter) to be taken by your child during this retreat must be turned into the parish representative at the time of registration, with full instructions indicated below. All medication must be in original packaging or in packaging provided by the pharmacy or doctor with instructions for administering the medication.

Student's Name: _____

Parish: _____ Group Leader: _____

Parent Names: _____

Parent Home # _____ Cell # _____

Emergency Contact Name & # _____

Medication List

1. _____ to be given _____
#of pills provided _____ #of pills returned _____ Parent's Verification Initials Upon return _____
2. _____ to be given _____
#of pills provided _____ #of pills returned _____ Parent's Verification Initials Upon return _____
3. _____ to be given _____
#of pills provided _____ #of pills returned _____ Parent's Verification Initials Upon return _____
4. _____ to be given _____
#of pills provided _____ #of pills returned _____ Parent's Verification Initials Upon return _____
5. _____ to be given _____
#of pills provided _____ #of pills returned _____ Parent's Verification Initials Upon return _____
6. _____ to be given _____
#of pills provided _____ #of pills returned _____ Parent's Verification Initials Upon return _____

Mandatory Parent Signature*

*This gives us your permission to dispense this medication. If medication is not picked up by the end of this event, it will be discarded. Thank you and God Bless!

PARENT PERMISSION/INDEMNIFICATION FORM FOR
NON-SCHOLASTIC SPORTS PARTICIPATION

I hereby consent to participation by my child _____
(child's name)
in _____ at _____
(sport)

I understand that this activity may take place away from sponsor's grounds and that my child will be under the supervision of a designated adult while on or away from sponsor's grounds.

In consideration of my child being allowed to participate in this sport, I agree to indemnify and hold harmless _____, any and all affiliated organizations, their employees, agents, representatives, including volunteer and other drivers, from any and all claims, negligence, arising from or relating to my child's participation in this sport. This indemnification does not apply to claims for intentional misconduct or gross negligence.

(Print Parent's Name)

(Parent's Signature)

(Date)

Please return this completed form by: _____ to _____
(Date) (Person)

Photo Release

With my signature, I hereby grant permission to _____ Parish to publish my child's name, photo, or video image in connection with a display, feature story or other publication as deemed appropriate by the Parish.

This photo may be used in connection with: (fill in below the specific uses, e.g., parish bulletin board, parish or youth ministry webpage, publicity materials, etc.)

Permission Granted by: _____

Parent/Guardian Signature Relationship to child: _____

Student Name: _____

Home address: _____

City, State, Zip: _____

Telephone: (_____) _____

ADULT GENERAL AND MEDICAL RELEASE FORM

Reason for which this release is intended: _____

Statement of Consent and Medical Release

In consideration of my being allowed to participate in _____, I hereby agree to release _____ Parish, the Roman Catholic Diocese of Kalamazoo, and any and all affiliated organizations, their employees, agents, representatives and volunteers, including volunteer drivers (collectively "Releasees"), from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this diocesan youth gathering. In the event this release on behalf of myself is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by me arising from or relating to my participation in this event. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim; but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

I do hereby authorize treatment by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. I understand that reasonable attempts will be made as soon as possible to contact one of my emergency contact persons at the phone numbers listed in connection with any accident or emergency medical care. I understand that I retain all responsibility for costs associated with my medical care.

Name: _____ Date of Birth _____

Home Address: _____ City: _____

Home Phone: _____

List allergies, medication, contacts, or other pertinent comments: _____

Family Physician: _____ Physician Phone: _____

Physician Address: _____ City: _____

Emergency Contact Name and Telephone Number:

Name: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

If the person listed above is unavailable, alternate emergency contact person and phone number:

Name: _____ Daytime Phone: _____

Evening Phone: _____ Cell Phone: _____

Health Insurance Data:

Company: _____ Policy #: _____

Group #: _____ Contract #: _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

I fully understand and agree to the above terms and sign this form knowingly, willingly and freely.

Signature of Participant

Date

Please return this form to your parish group leader.

ACCIDENT REPORT

SCHOOL _____ MCC UNIT NO. _____ PHONE: (____)____ - _____

ADDRESS: _____ CITY: _____ ZIP: _____

NAME OF INJURED STUDENT: _____ DATE OF BIRTH: _____ GRADE: _____

PARENT'S NAME: _____ PHONE: (____)____ - _____

PARENT'S ADDRESS: _____
(NUMBER & STREET) (CITY) (ZIP)

DATE OF ACCIDENT: _____ TIME: _____ AM _____ PM _____

SPECIFIC LOCATION OF ACCIDENT: _____

PERSON SUPERVISING: _____ TITLE: _____

DESCRIBE HOW ACCIDENT OCCURRED: _____

DESCRIBE ACCIDENT LOCATION, SURFACE AND CONDITION: _____

DESCRIBE INJURY, EXTENT, AND PART OF BODY: _____

NAME OF PERSON PROVIDING FIRST AID: _____

DESCRIBE FIRST AID ADMINISTERED: _____

WERE PARENTS NOTIFIED? YES ____ NO ____ HOW? _____

BY WHOM? _____ AT WHAT TIME? _____

LIST WITNESSES, ADDRESSES, AND PHONE NUMBERS:

_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSON MAKING REPORT: _____ PHONE (____)____ - _____

TITLE: _____ DATE OF REPORT: _____

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