



Diocese of Great Falls-Billings

Events, Travel, and Permission Policy

Statement of Policy

The Diocese of Great Falls-Billings recognizes the importance and value of retreats, mission trips, and other events and travel opportunities for the educational and spiritual development and enrichment of youth, young adults, and adults of parishes and schools throughout Eastern Montana.

The following should be taken into consideration when any events are being planned:

1. Strict and complete compliance with all Safe Environment Policies of the Diocese.
2. Adequate supervision by qualified adults, including one or more employee(s) of the Diocese, school, and/or parish.
3. Waivers by all adults and all parent/guardians of minor youth participating in any event, releasing the Diocese, school, and/or parish from any legal or financial responsibility in the event of injury, accident, illness, or death occurring during, or by reason of the event.
4. Permission in a written form from each youth participant's parent or legal guardian.
5. Proper insurance for participants, personnel, and equipment.
6. Inclusion of a proper first aid kit and other emergency material.

To ensure the success of the events the ministers, catechists, teachers, coaches, or program directors will prepare the participants for the event. Additionally, if feasible, the ministers, catechists, teachers, coaches, or program directors should make an advance visit to the site of the event so that all unforeseen circumstances, situations, and/or hazards could be properly planned for, minimizing any potential risks.



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

Adult Release of Liability/Medical Release

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend The Diocese of Great Falls-Billings, its Catholic schools, its Catholic parishes, its officers, directors, agents, employees, or representatives associated with the event from any and all liability claims, loss or damage arising from or in connection with my participation in _____.

Write in the event

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 (this information will be held in confidence and will only be shared in case of an emergency): _____

In case of an emergency and for permission for treatment beyond emergency procedures, please contact:

Name: _____ Relationship to me: _____

Daytime Phone: _____ Nighttime Phone: _____

Health Insurance Carrier: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Signature

Date

Printed Name



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Parental/Guardian Consent Form

Liability Waiver

The Parental/Guardian Consent Form and Liability Waiver must be utilized by Catholic schools and parishes for the following types of activities:

1. Day and overnight trips
2. Day and overnight retreats
3. Youth athletic participation
4. Any event outside the regular daily or weekly activities of the school or parish ministry

The Parental/Guardian Consent Form is a legal contract between the parent who signs the consent form and the Catholic parish/school and the Diocese of Great Falls-Billings. In most cases, the consent form prohibits a parent from making a claim for damages against the Catholic parish/school and/or the Diocese, in the event that his/her child is injured. It is very important this consent form not be altered, as an alteration may change the legality of the agreement.

Original copies of the signed Parental/Guardian Consent Form and Liability Waiver should be maintained in the parish/school offices for at least three years. Injuries and accidents are often not reported promptly, so it is important that signed consent forms be retained for an adequate time to ensure that the agreement is not lost should a claim be made.

As a supplement to the consent form, it is an excellent idea to provide additional information, which gives a detailed description of the activity in which the youth will be participating. One of the most common accusations made by a parent when a child is injured is that the parent did not fully understand the nature of the activity in which his/her child was participating.



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Parental/Guardian Consent Form

Youth/Participant:	
Birth Date:	Sex:
Parent/Guardian Name:	
Home Address:	City/Zip:
Home Phone:	Alternate Phone:
I, _____ (parent/guardian name) grant permission for my child, _____ (youth name) to participate in this event, which may or may not require travel away from the parish/school site. This activity will take place under the guidance and direction of the employees and/or volunteers of the parish, school, or the Diocese of Great Falls-Billings.	
Type of event:	Date of event:
Location of event:	Cost of event:
Individual in charge of group:	
Estimated time of departure:	Estimated time of return:
Mode of transportation to and from event (if necessary):	
As a 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 all Catholic Parishes and Catholic Schools of the Diocese of Great Falls-Billings, their officers, directors, employees and agents, and the Diocese of Great Falls-Billings its employees and agents, chaperones, 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 Diocese of Great Falls-Billings, its employees and agents and chaperones, or representatives 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 Diocese of Great Falls-Billings.	
Signature:	Date:



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Student Medical Information

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 to Youth:

Phone

Family Doctor:

Phone

Family Health Plan Carrier:

Policy Number

Other Medical Treatment:

In the event it comes to the attention of the parish, school, or Diocese of Great Falls-Billings, their officers, directors, agents, chaperones, 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.

Medications:

My child is taking medications at present. My child will bring all such medications necessary and such medications will be well-labeled. All prescription medication will be in original prescription packaging. Names of all medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are attached to this document.

No Medication:

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.

Non-Prescription Medication:

I hereby grant permission for non-prescription medication to be given to my child, if deemed appropriate.

Parent/Guardian Signature

Date



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Specific Medical Information:

The following information will be held in confidence and will only be shared for the safety and wellbeing of your child.

Youth/Participant:	
Allergic reactions (medications, foods, plants, insects, etc.):	
Physical limitations:	
Does your child have a medically prescribed diet? If so, please describe:	
Has your child recently been exposed to any contagious disease or conditions? If so, please list date of exposure and disease or condition:	
Date of last tetanus/diphtheria immunization:	
Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?	
Please list any other special medical conditions your child may have:	
Parent/Guardian Signature	Date



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Transportation Policy

Whenever possible, commercial carrier or contracted transportation shall be used for school field trips, and long distant mission trips/youth events. The use of private passenger vehicles is discouraged for these kinds of trips and should be avoided if possible.

If commercial carriers are used (commercial airlines, trains, buses, etc.) 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, the Diocese of Great Falls-Billings, their officers, directors, agents, employees, or representatives associated with the trip. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$2,000,000 Combined Single Limit (CSL).

Leased Vehicles

If a vehicle is leased, rented, or borrowed to transport participants to and from the event, appropriate insurance shall be obtained. Coverage can be purchased through the rental company or a local insurance agent.

Coverage cannot and should not be automatically assumed for leased, rented, or borrowed vehicles. All drivers of the lease vehicle must further meet the requirements of the driver of a private passenger vehicle noted below.

Private Passenger Vehicles

If a private passenger vehicle must be used, then the following must be supplied, and the driver must certify this information 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 valid and current license plates.
4. The vehicle must be insured for the following minimum limits: \$100,000 per person/\$300,000 per occurrence.
5. A signed Driver Information Sheet (below) on each vehicle used 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 his/her responsibilities.

Distance Limitations (For non-contracted transportation)

1. Daily maximum miles driven should not exceed 500 miles per vehicle.
2. Maximum number of consecutive miles driven should not exceed 250 miles per driver without at least a 30-minute break.



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Driver Information Sheet

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

Vehicle to be used

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

Name of Owner	Model of Vehicle
Address of Owner	Make of Vehicle
License Plate #	Year of Vehicle

Insurance Information

Insurance Company
Policy #
Date of Policy Expiration
Liability Limits of Policy (Please note above mentioned limitations)

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. Please be aware that as a volunteer driver, your insurance is primary.

For the safety of all participants, each driver must list all accidents, and moving or traffic violations they have had in the last five years. Please use the reverse of this page to do so, listing the year and the details of the accident/moving/traffic violation.

I certify that the information given on this form is true and complete to the best of my knowledge.	
Signature	Date