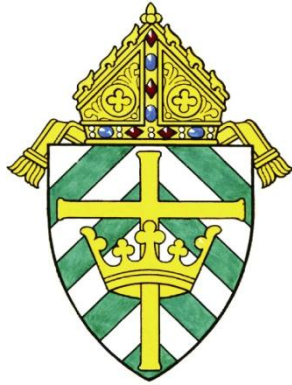


FIELD TRIP HANDBOOK



MONTANA CATHOLIC SCHOOLS

Diocese of Helena and The Diocese of
Great Falls-Billings

2011



Montana Catholic Schools Office

The Diocese of Helena & The Diocese of Great Falls-Billings

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STATEMENT OF POLICY

The Catholic school recognizes the importance and value of trips for educational field study and approves of these visits to places of cultural or educational significance to further enrich the lessons of the classroom.

This policy permits principals and/or assistants/vice principals to approve of field trips during normal school hours on a single school day.

The principal shall approve all field trips requiring travel to and/or from the school campus.

The following regulations should be taken into consideration when any field trips are being planned:

1. Adequate supervision by qualified adults, including one or more employees of the Diocese and/or school.
2. Waivers by all adults and all parents/guardians of students taking any field trip of all claims against the Diocese and/or the school for injury, accident, illness or death occurring during, or by reason of the field trip.
3. Permission in a written form from each student's parent or legal guardian.
4. Proper insurance for students, personnel and equipment.
5. Inclusion of a proper first aid kit and other emergency material.

To insure the desired educational outcome of such field trips, teachers, coaches, or program directors will prepare the students for the place that is to be visited and the educational and experiential opportunities available during the field trip. Additionally, the teacher, coach, or program director should make an advance visit to the site of the field trip so that any and all unforeseen circumstances, situations, and/or events could be properly planned for, so that any difficulties would be minimized.

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LIABILITY WAIVER (ADULT)

In addition to the Field Trip Health Information/Release form, each adult participant, including group leaders and chaperones, must sign this form.

RELEASE OF LIABILITY

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

Signature

Date

Print Name



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PARENTAL / GUARDIAN CONSENT FORM LIABILITY WAIVER

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

1. Day and overnight field trips
2. Class graduation trips
3. Day and overnight retreats
4. Youth athletic participation
5. Field trips involving daycare Programs

The Parental / Guardian Consent Form is a legal contract between the parent who signs the consent form and the Catholic school and the Diocese. In most cases, the consent form prohibits a parent from making a claim for damages against the Catholic school and/or the Diocese in the event that his/her child is injured. It is very important that 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 school offices for at least two years. Injuries and accidents are often not reported promptly, so it is important that the signed consent form 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 children 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 him/her child was participating.



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Parental / Guardian Consent Form

Student / Participant:	
Birth date:	Sex:
Parent/Guardian's Name	
Home Address:	City / Zip
Home Phone:	Business Phone:
<p>I, _____ (parent/guardian name) grant permission for my child, _____, (child's name) to participate in this school event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from The Diocese.</p>	
Type of Event:	Date of Event:
Destination of Event:	Cost of Event:
Individual in Charge:	
Estimated time of departure:	Estimated time of return:
Mode of transportation to and from event:	
<p>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 the Catholic school, the Diocese, its officers, directors and agents and the Dioceses, chaperones or representatives association with the event arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith and I agree to compensate The Diocese, its officers, directors and agents and the Dioceses, chaperones or representative associated with the event for reasonable attorney's fees and expenses arising in connection therewith.</p>	
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:

Student Name & Relationship	Phone:
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Family Doctor:	Phone:
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Family Health Plan Carrier:	Policy Number
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Other Medical Treatment:

In the event it comes to the attention of the schools, its 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. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows: (Please write on back of this page if more space is needed).

Medication:	Dosage and Directions
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Medication:	Dosage and Directions
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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.

<i>Parent / Guardian Signature</i>	<i>Date</i>
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Specific Medical Information:

The Catholic school will take care to see that the following information is held in confidence.

<i>Student / Participant:</i>	
Allergic reactions (medications, foods, plants, insects, etc.)	
Any physical limitations?	
Does child have a medically prescribed diet?	
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:	
Immunizations: Date of last tetanus/diphtheria immunization:	
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?	
You should be aware of these special medical conditions of my child:	
<i>Signature</i>	<i>Date</i>



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TRANSPORTATION POLICY

Whenever possible, commercial carrier or contracted transportation shall be used for field trips. 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 Diocese, its Catholic schools, its officers, directors, agents, employees, or representatives associated with the field trip. Also, contracted carriers should provide proof of insurance with minimum limits of liability of \$1,000,000 CSL (Combined Single Limit).

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 the local insurance agent.

COVERAGE CANNOT BE AUTOMATICALLY ASSUMED FOR LEASED, RENTED OR BORROWED VEHICLES.

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 (see form attached).

- The driver must be 21 years of age or older.
- 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.
- The vehicle must have a valid and current registration and valid and current license plates.
- 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 field 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)

- Daily maximum miles driven should not exceed 500 miles per vehicle.
- 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 THAT WILL BE USED

Name of Owner	Model of Vehicle
Address of Owner	Make of Vehicle
License Plate #	Year of Vehicle
If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.	

INSURANCE INFORMATION

Insurance Company
Policy #
Date of Policy Expiration
Liability Limits of Policy (Please note: The minimal, acceptance liability limit for privately owned vehicles is \$100,000/\$3000,000)

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.

In order to provide for the safety of our students or other members of the school and those we serve, we must ask each driver to list all accidents or moving violations they have had in the last five years:

Year	Accident / Moving Violation

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.

Signature	Date
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Field Trip Handbook

VOLUNTEER DRIVER'S FORM

This form is to be used for any person not employed by The Diocese or one of its Catholic schools, driving a vehicle owned by The Diocese or one of its Catholic schools.

SCHOOL VEHICLE

School Sponsored Event
Number of Passengers
Date and Time of Event

DRIVER

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

In order to provide for the safety of our students or other members of the school and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last five years:

Year	Accident / Moving Violation

Thank you for helping us with our transportation needs.

Signature, Volunteer Driver	Date
Signature, School Representative	Date