

# Catholic Mutual. . ."CARES"

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## **Camping Guidelines**

Many of today's activities for our youth ministry programs involve activities away from the church setting. Camping trips provide a fun way to keep kids involved with the church; however, certain risk management steps should be taken to reduce the potential liability exposure associated with this type of activity. We encourage all youth leaders to adhere to the following camping guidelines to be able to enjoy your trip as planned.

### BEFORE THE CAMPING TRIP

1. All participating campers and at least one parent/guardian of a youth camper should be required to attend a meeting to review the goal of the trip, what activities are planned, the rules to be followed, and the consequences of not complying. This meeting should also include a review of what needs to be brought along on the trip, proper clothing needed, potential weather concerns and general emergency procedures.
2. Plan and route the trip with a detailed map noting any helpful information, including where and how to find emergency help. Designate a person(s) who can alert authorities if problems arise.
3. Arrange enough leaders to provide a 1:3 adult-to-youth ratio. All adult leaders must follow arch/diocesan safe environment requirements. This would include having a criminal background check conducted and attending Safe Environment training. Adult leaders should also complete the attached *Adult Liability Waiver*.
4. Arrange to have a trained medical professional (i.e. registered nurse or an emergency medical technician) travel with you. At the very least, one of the leaders must have extensive first aid training and experience. Pack a fully stocked first aid kit.
5. Discuss with the other leaders, the potential dangers of the trip and work through some worst-case scenarios with them. Have a plan in case inclement weather occurs.
6. Obtain and distribute information about contacting park rangers and local hospitals.
7. Must have a two-way radio or cell phone (verify service is available in the area).
8. Written parental permission must be obtained for each camper under the age of 18 which includes a waiver of all claims against the (Arch) Diocese and/or the parish for injury, accident, illness, or death occurring during or by reason of the camping activity. Your arch/diocese may have an approved Parent Permission Form or the attached *Parental/Guardian Consent Form and Liability Waiver* can be used. It is important to ensure this form also includes a medical release and health information on the minor participant.

9. Youth campers should be divided into smaller groups with a designated adult leader. Each adult leader should carry a list with each camper's name, as well as a copy of the permission forms, to ensure medical release forms and emergency contact names/numbers are readily available in case an injury occurs.
10. Determine the mode of transportation to the campsite. If possible, do not allow youths to ride in any vehicle towing a trailer. The use of 11-15 passenger vans is strictly prohibited. If individuals will be transporting campers in their own vehicles, they must be 21 years of age and should complete the attached *Volunteer Driver Form*. These individuals should carry minimum liability coverage on their vehicle of 100,000/300,000 and should be made aware their insurance would be primary if an accident occurred.

### DURING THE CAMPING TRIP

1. Campfires must be supervised by an adult leader at all times. It should be built in an open area (no overhanging trees), in a pit, or inside a ring of rocks to prevent it from spreading. Campfires should be a safe distance away from any tent or tarp. Have a shovel or bucket of water handy in case the campfire gets out of control or needs to be extinguished.
2. Tents should never be set up under tall trees that could attract lightning or whose branches could fall from high winds. Avoid pitching tents in tall dry grass or on top of the roots of tall trees, as injuries could occur if an electrical current from lightning hits the tree.
3. No camper should venture away from the campsite without first notifying an adult leader.
4. Youth campers should not be allowed to chop firewood.
5. Do not store any food in tents where the campers will be sleeping as it can attract animals. Ensure food is fully cooked and dishware is cleaned thoroughly after use.
6. Have a "buddy" system in place.
7. Youth campers should not be allowed to go near large lakes or rivers without life jackets. Do not allow campers to walk onto logs which extend over a body of water or high ground clearance.

## **ADULT LIABILITY WAIVER**

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

### **RELEASE OF LIABILITY/MEDICAL RELEASE**

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend \_\_\_\_\_, \_\_\_\_\_<sup>Parish/School</sup>, the Arch/Diocese of \_\_\_\_\_, its officers, directors, agents, employees, or representatives from any and all liability for illness, injury or death arising from or in connection with my participation in the trip.

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: \_\_\_\_\_

\_\_\_\_\_

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

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night time phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent/Guardian's name Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_.

Name of parish

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 officers, directors, employees

Name of Parish

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, 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/diocese.

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, 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 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? \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

# DRIVER INFORMATION SHEET

## Driver

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

## Vehicle That Will 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

Insurance Company \_\_\_\_\_ Liability Limits of Policy\* \_\_\_\_\_  
*(\*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)*

In order to provide for the safety of our students or other members of the parish/school and those we serve, we must ask each volunteer driver to answer the following questions:

- |  | <u>TRUE</u> | <u>FALSE</u> |
|--|-------------|--------------|
| 1. I have NOT had a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years.            | _____       | _____        |
| 2. I have NOT had two or more convictions for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last seven years. | _____       | _____        |
| 3. I have had no more than three moving violations or accidents in the last three years.   | _____       | _____        |

**Please be aware that as a volunteer driver, your insurance is primary.**

## Certification

*I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility and I will exercise extreme care and due diligence while driving. 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 students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date