



TRAVEL POLICY - Appendix B
TRAVEL REVIEW FORM

Use this form when planning overnight travel involving minors.

Mail, email or fax this form and any brochures or other information provided, to the appropriate Pastoral Center Office (e.g., Department of Catholic Schools, Office of Youth & Young Adult Ministry, Religious Education, Risk Management) before finalizing travel arrangements; and a minimum of 2 weeks prior to travel.

Parish/School: _____ Address: _____

City, State & Zip Code: _____

Contact: _____ Email: _____

Phone number: _____ Fax number: _____

Describe activities (attach a separate page if necessary): _____

If there is an agreement for the event that requires your signature, please attach.

Dates of trip – Depart: _____ Return: _____

Hotel/Sleeping facility: _____ City, State: _____

Number of minors: _____ between the ages of _____ and _____

Number of supervisors/chaperones: _____

(1 adult to 6 students/youth is recommended)

Mode of Transportation: _____

(e.g., plane, train, public/chartered bus, parish/private/rented vehicles)

If Chartered Transportation is being used, please attach the signed Agreement for Services and insurance.

What are the educational and/or religious goals of this trip?

Reminder: The Pastor/Principal is responsible for ensuring that travel arrangements are in accordance with the Archdiocesan Policy on Travel Involving Minors and related Travel Guidelines.

Signature of Pastor or Principal

Date

Signature of Contact Person

Date

Travel Policy Checklist

I. Approval and Review Process

- A. Has the Pastor/Principal reviewed and approved the travel arrangements? Yes No
- B. If any changes were made in the arrangements, has the Pastor/Principal approved them? Yes No
- C. If an overnight stay is involved, has a Travel Review Form been submitted to the Appropriate Pastoral Center Office? Yes No

II. Contracts or Documents Related to Travel Arrangements

- A. Has each agreement and/or contract been carefully reviewed and signed by a person with signature authority? Yes No
- B. Does the agreement and/or contract contain an indemnification provision? If yes, Have you contacted the Risk Management Office? Yes No
- C. If transportation is provided by a charter service, have you entered into an *Agreement for Services* for chartered transportation and obtained their insurance? Yes No
- D. If a vehicle rental is planned for this trip, was insurance purchased from the rental Agency? Yes No

III. Safety and Supervision of Minors

- A. Has each minor provided a completed *Parent/Legal Guardian Event Permission Form for Student/Youth*? Yes No
- B. Is each chaperone at least 21 years of age? Yes No
- C. Has the Pastor/Principal determined that the ratio of chaperones to minors is Appropriate? Yes No
- D. Is each chaperone known by the Pastor/Principal and considered suitable for Travel with minors? Yes No
- E. Has a criminal background check been completed for each chaperone? Yes No
- F. Has each chaperone completed the Called to Protect program? Yes No
- G. Have all chaperones been carefully screening to be certain to ensure they have all the necessary skills and experience? Yes No
- H. Has each chaperone completed orientation/instruction including:
1. Duties and responsibilities of chaperones? Yes No



- 2. Crisis management and planning? Yes No
 - 3. Travel plans and procedures? Yes No
 - 4. Codes of behavior/conduct for chaperones and participants? Yes No
 - 5. First aid procedures and planning? Yes No
- I. Are funds available, such as a debit or credit card for medical emergency use? Yes No
- J. Have you contacted the Risk Management Office regarding whether any special Insurance will be required? Yes No

IV. Transportation

- A. Have you verified that:
- 1. Drivers are at least 21 years of age? Yes No
 - 2. Each driver completed a *Driver Information* sheet? Yes No
 - 3. The vehicles being driven are insured? Yes No
 - 4. The vehicles being driven are equipped with adequate seat belts? Yes No
- B. Have background checks been completed for all drivers? Yes No
- C. Have you confirmed that no 15 passenger vans will be used? Yes No
- D. If renting vehicles, have you confirmed that insurance coverage will be purchased through the rental agency? Yes No
- E. If children between 4 and 6 years or weighing 40 to 60 lbs. will be transported in a vehicle subject to the booster seat law, do you have in place a means of ensuring compliance with the law? Yes No
- F. Has a detailed itinerary been provided to the parents/legal guardian of each participating minor? Yes No

V. International Travel

- A. If you are traveling to Canada, have you confirmed that the U.S. Department of State, Bureau of Consular Affairs has not issued a travel warning? Yes No
- B. Have parents been asked to consult their child's physician for immunization advice for the travel planned? Yes No

INSURANCE PROGRAM
ARCHDIOCESE OF PORTLAND
Student/Youth Accident Report

Church or School _____ Phone _____

Address _____ City _____ State _____ Zip _____

Youth's name _____ Age _____

Parent(s)/Guardian(s) _____

Home address _____ Phone _____

DESCRIPTION OF INJURY

Date of accident _____ Time _____

Type of injury _____

How did accident occur?

Where did accident occur? _____

Person in charge at the time of accident _____

Was first aid administered? Yes No If yes, by whom? _____

Please describe the type of first aid provided

Were the youth's parents or legal guardians notified? Yes No

Were any of the following agencies involved? Fire Hospital Ambulance

If so, name of agencies _____

Name of clinic or doctor _____

Doctor's report (if available) on condition (sprain, broken, etc.)

Does the youth's family have insurance? Yes No

REPORT COMPLETED BY:

Name _____ Date _____ Phone _____

**CHURCH/SCHOOL
EMERGENCY INFORMATION FORM FOR STUDENT/YOUTH**

Child's name _____ Date of birth _____ Grade level _____
Address _____ City _____ State _____ Zip _____
Parent(s)/Guardian(s) _____ Phone _____
Person with whom child is living _____
Church/School requesting form _____

Person(s) to notify in case of an emergency:

Name _____ Phone 1 _____ 2 _____
Name _____ Phone 1 _____ 2 _____
Name _____ Phone 1 _____ 2 _____
Family physician _____ Phone _____

Last tetanus immunization or booster date _____

Allergies (food, drugs, insects, etc.) _____

Is child presently on any medications? Yes No If yes, please state below:

Name _____ Dosage _____ Reason for medication _____

Prescribing physician _____ Phone _____

Please note any injuries, recent surgery, prolonged illness, current medication, corrective lenses, special health problem or other issues requiring special attention that would help emergency personnel to provide appropriate care for your child.

Insurance information:

Name of medical insurance company _____

Group or identification number _____

I authorize the Church/School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the Church/School assume no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.

Parent/Guardian Signature _____ Date _____

**PLEASE UPDATE THIS INFORMATION ANNUALLY AND RETAIN IN
STUDENT/YOUTH FILE**

**CHURCH/SCHOOL
EVENT PERMISSION FORM FOR STUDENT/YOUTH**

TO BE COMPLETED BY SPONSORING CHURCH OR SCHOOL

Event _____ Location _____
Church or School _____
Date of Event _____ Departure date _____
Departure time _____ AM PM Return date _____
Estimated time of return _____ AM PM Mode of transportation _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____ the undersigned, give my permission for _____
(Parent/Legal Guardian) (Child)
to take part in the above off premises event and authorize the Church/School to provide transportation to and from this event.

I also authorize the Church/School and its employees or chaperones to secure any and all necessary medical services for my child in the event of an accident or illness. Further, I agree to be solely responsible for payment for those services.

Child's name _____ Date of birth _____ Sex Male Female
Allergies (foods, drugs, insects, etc.) _____
Medications (name, dosage, reason) _____
Other information (injuries, special needs, etc.) _____
Insurance carrier _____ Group or ID# _____

Person(s) to notify in case of an emergency:

Name _____ Phone 1 _____ 2 _____
Name _____ Phone 1 _____ 2 _____
Name _____ Phone 1 _____ 2 _____
Family physician _____ Phone _____

Parent/Guardian Signature

Date

THIS FORM TO BE KEPT ON FILE BY CHURCH/SCHOOL FOR THREE YEARS

INSURANCE PROGRAM
ARCHDIOCESE OF PORTLAND IN OREGON
Driver Information Form

I. **DRIVER** Employee Volunteer

Name _____ Date of Birth _____

Address _____

Drivers License # _____ State _____ Date of Expiration _____

Does the license state any restrictions? Yes No

If yes, explain _____

II. **VEHICLE THAT WILL BE USED**

Name of Owner _____

Address of Owner _____

Make & Model of Vehicle _____ Year of Vehicle _____

License Plate # _____ State _____ # of Seatbelts Available _____

III. **INSURANCE INFORMATION**

When a volunteer or employee is using a privately-owned vehicle(s), that vehicle's insurance coverage will always be considered *primary*. Please provide the following information concerning the vehicle(s) that will be used:

Insurance Company _____

Policy Number _____

Date of Policy Expiration _____

Liability limits of policy* _____

*** The Archdiocesan Insurance Program requires that drivers maintain the State of Oregon minimum automobile limits of \$25,000/ \$50,000/ \$10,000.**

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 an employee or 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 State of Oregon required insurance coverage in effect on any vehicle used for a church, school or other entity insured under the Insurance Program of the Archdiocese of Portland in Oregon.

Signature _____

Date _____
