



ARCHDIOCESE OF PORTLAND
IN OREGON

Policy on Travel Involving Minors

This packet includes the following:

Policy on Travel Involving Minors

Travel Guidelines

Travel Review Form

Travel Policy Checklist

ARCHDIOCESE OF PORTLAND IN OREGON

Policy on Travel Involving Minors

The safety of those traveling on trips sponsored by the Archdiocese of Portland in Oregon ("Archdiocese") is of paramount concern. Any parish, school or other Archdiocesan entity planning travel involving minors must comply with the following:

1. **All travel involving minors** whether by automobile, bus, train, airplane, etc. – must be planned and implemented in accordance with the attached *Travel Guidelines (Appendix A)*.
2. **All overnight travel involving minors** must be reviewed and cleared through the appropriate Pastoral Center Department (e.g., the Office of Youth & Young Adult Ministry for parish youth trips; the Department of Catholic Schools for school sponsored trips; the Risk Management Office for mixed adult/youth trips; etc.).
3. All forms must be completed in their entirety, and signed by the Pastor or Principal. This will ensure that the Pastor or Principal is aware of the trip, and that the trip does not pose undue risk. In the event of extended absence of the Pastor, the form should be signed by the staff member authorized with relevant signature authority. The *Travel Review Form ("Appendix B")* should be completed before trip arrangements are finalized and returned to the Pastoral Center a minimum of 2 weeks before scheduled departure.
4. The appropriate Pastoral Center Office will serve as a resource to those planning trips involving minors.
5. Principals, teachers, youth ministers, volunteers, or others planning trips should direct questions concerning the guidelines and their implementation to the appropriate Pastoral Center Office. If need be, person(s) from that office will consult the Risk Manager.
6. If the Risk Management Office can obtain special travel insurance covering the particular trip planned, the parish or school planning the trip may be asked to purchase this insurance.
7. If any claim or legal expense is incurred as a result of a parish, school or other travel sponsor's failure to follow the *Travel Guidelines* or other Archdiocesan policy, the parish, school or other travel sponsor will share the financial responsibility.

The above policy has been established to ensure consistency in the types of youth travel activities sponsored by the Archdiocese, the ground rules for their sponsorship, and attention to safety concerns. More important, this policy is intended to foster ownership of all aspects of a youth activity, and place responsibility for planning and accountability for consequences on the appropriate parties.

I. Approval and Review Process

- A. Before any arrangements are made the Pastor or Principal must approve the plans for travel involving minors.
- B. The Pastor or Principal must approve any changes in the travel plans.
- C. If the trip involves *overnight* travel with minors; a *Travel Review Form (Appendix B)* must be completed and submitted to the appropriate Pastoral Center Office for review (e.g., Department of Catholic Schools, Office of Youth/Young Adult Ministry, Religious Education, and Risk Management).

II. Contracts or Other Documents Related to Travel Arrangements

- A. The Pastor or Principal should sign contracts or other agreements related to travel arrangements.
- B. No person at a parish or school is authorized to sign a contract or other agreement that includes a provision whereby the Archdiocese, parish or school agrees to indemnify (pay the damages and expenses of) another person or entity. Any contract or other agreement, which contains an indemnification provision, must be referred to the Risk Management Office before the document is signed.
- C. If using chartered transportation an *Agreement for Services* should be in place to include full insurance.
- D. If a vehicle is rented that will be driven by an employee or volunteer, insurance must be purchased from the rental agency.

III. Safety and Supervision of Minors

- A. Prior to travel, a Parent/Legal Guardian Event Permission Form for Student/Youth must be provided.
- B. Chaperones must be at least 21 years of age.
- C. The ratio of chaperones to minors and level of supervision appropriate should be determined based on the age of those traveling and the activities involved. Special circumstances (such as chaperones for coed overnight trips) should be considered.
- D. Chaperones should be known by the Pastor/Principal and considered suitable for travel with minors.
- E. A criminal background check is required for each chaperone and must be completed prior to accepting the individual as a chaperone. Forms can be obtained from the Human Resources Department at the Pastoral Center.
- F. All chaperones will have completed the Called to Protect Program.
- G. Careful selection and screening is essential to ensure that each chaperone has necessary skills and experience.

- H. Orientation for chaperones should be provided and include the following safety issues:
- Duties of chaperones;
 - Crisis management planning;
 - Travel plans and procedures;
 - Codes of behavior; and
 - First aid procedures.
- I. Funds should be available (e.g., debit or credit card) for medical or emergencies.
- J. Special travel insurance may be required. The parish or school may be asked to purchase special travel insurance when it is available. (Check with the Risk Management Office)

IV. Transportation

- A. All drivers must be at least 21 years of age and complete a *Driver Information Sheet*. When a chaperone is driving his/her own vehicle the vehicle must be insured. Any vehicle used for transporting minors must have seat belts for each passenger.
- B. An individual's background check must indicate that he/she is cleared for driving.
- C. No use of a 15 passenger van is allowed.
- D. When renting vehicles, property and liability insurance coverage should be purchased.
- E. Current Oregon law requires that children who weigh over forty pounds or who have reached the upper weight limit for their forward facing car seat must use boosters to 4'9" tall or age eight and the adult belt fits correctly. A parish or school should not transport any child under the age of seven or weighing less than sixty pounds in such a vehicle unless it has established a means of ensuring compliance with this law. Because of the challenges this law poses for a parish or school, using another mode of transportation may be the best way to handle the situation.
- F. An itinerary with detailed information outlining travel plans must be available to parents (e.g., departure date and time, transportation arrangements, daily activities and location of the event). An emergency contact telephone number should be included.

V. International Travel

- A. No parish, school or other Archdiocesan group may travel to any country outside the United States, except Canada. Any parish or school considering travel to Canada should contact the proper diocesan office for consultation before arranging travel.
- B. Parents should be requested to consult their physician on whether any immunizations are advisable for their child.

If any claim or legal expense is incurred as a result of a parish, school or other travel sponsor's failure to follow these *Archdiocesan Travel Guidelines* or other Archdiocesan policy, the parish, school, or other travel sponsor will share the financial responsibility.

All forms referenced in this document are available for download from factsonline.archdpx.org.
For questions concerning these *Travel Guidelines*, call the Risk Management Office.

TRAVEL REVIEW FORM

Appendix B

Use this form when planning overnight travel involving minors.

Please 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 which requires your signature, please attach.

Dates of trip – From: _____ To: _____

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.

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* and obtained their insurance? Yes No
- D. If a vehicle rental is planned for this trip, confirm that insurance has been 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 screened 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 for 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, confirm that insurance coverage will be purchased through the rental company. 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

IV. 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

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

PARROQUIA/ESCUELA
FORMULARIO DE INFORMACIÓN DE EMERGENCIA PARA
ESTUDIANTES/JÓVENES

Nombre del niño/a _____ Fecha de Nacimiento _____ Grado _____

Dirección _____ Ciudad _____ Estado _____ Cód. Postal _____

Padres(s)/Guardián(es) _____ Teléfono _____

Persona con la que vive el niño/a _____

Parroquia/Escuela que solicita el formulario _____

Nombre de las personas a notificar en caso de una emergencia:

Nombre _____ Teléfono 1 _____ 2 _____

Nombre _____ Teléfono 1 _____ 2 _____

Nombre _____ Teléfono 1 _____ 2 _____

Nombre del doctor de la familia _____ Teléfono _____

Fecha de la última inmunización ó refuerzo contra el tétano _____

Alergias (comida, medicamentos, insectos, etc.) _____

¿Está el niño/a, actualmente, bajo algún medicamento? Sí No Si sí, por favor explique a continuación:

Nombre _____ Dosis _____ Motivo para el medicamento _____

Nombre del médico que prescribe _____ Teléfono _____

Por favor, anote cualquier herida, cirugía reciente, enfermedad prolongada, medicamento actual, lentes correctivos, problemas especiales de salud u otros asuntos que requieran especial atención, que podrían ayudar al personal de emergencia a proporcionar el cuidado apropiado para su niño/a. _____

Información del seguro médico:

Nombre de la compañía del seguro médico _____

Número de identificación o del grupo _____

Yo, autorizo a la Parroquia/Escuela y a sus representantes a usar su juicio para determinar el cuidado y procedimiento médico para mi niño/a. Entiendo y estoy de acuerdo también, que la Parroquia/Escuela no asume ninguna responsabilidad financiera por los gastos incurridos por el servicio y transporte de emergencia.

Firma del Padre/Guardián _____

Fecha _____

**POR FAVOR ACTUALICE ANUALMENTE ESTA INFORMACION Y CONSERVELA EN
EL EXPEDIENTE DEL ESTUDIANTE/JOVEN**

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 _____
