Archdiocese of Boston

Policies and Procedures for

Trips Involving Minors

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Purpose

When planned with care, trips are an important component of the educational, spiritual, and cultural development of participants. A trip is considered any off campus outing that is organized through a parish, school, or other institution of the Roman Catholic Archdiocese of Boston (RCAB). Examples include school field trips, pilgrimages to holy sites, retreats, camps/work camps, hiking/ski trips, museums, apple picking, service opportunities, sporting events, plays, concerts, conferences, World Youth Day, and other similar outings.

This guide was developed to aid you in the process of planning trips to help ensure the safety of your participants. If you have encountered a situation or have a question that is not addressed in this guide, please feel free to contact the Archdiocese of Boston:

- For parishes, contact Chris Donoghue at **chris_donoghue@rcab.org**
- For schools, contact the Catholic Schools Office at 617-779-3601

The key to a safe and successful trip is proper planning. In terms of risk management, this means identifying possible risks and taking action to avoid or mitigate those risks. This includes using due diligence when choosing destinations, having first-hand knowledge of the locale ahead of time, obtaining permission from parents/guardians, ensuring there is adequate supervision, and taking into consideration the needs of all participants. For a detailed planning checklist please see **Appendix A: Planning Checklist**.

Please note, the information in this document applies to any trip that includes minors in any way. CORI all adults, even those without chaperone duties. For more information, please contact the Office of Background Screening. https://www.bostoncatholic.org/background-screening

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Forms

Policy

If minors are participating in the trip, written permission must be obtained from the parents/guardians. Consent by phone, text, email, or in person conversation are not acceptable. The permission form must contain an area in which a parent can indicate special needs or considerations regarding their child.

Procedure

Please see **Appendix B: Liability Waiver & Medical Authorization Form** for the approved template for all events sponsored by parishes, schools, and related entities in the Archdiocese of Boston. This form covers both liability and medical authorization. Modify to make this template specific to your event before distributing it to participants (including adults) for completion.

Best Practice

Consider hosting a meeting for parents of interested participants to review information related to the event and pass out physical copies of this form in person with instructions for completion and submission.

Policy

A code of behavior must be reviewed and signed by both child and parent.

Procedure

Please see the **Appendix C: Code of Behavior for Children and Youth**.

School leaders should compare the Archdiocese of Boston Code of Behavior with any school specific code of behavior and modify accordingly for the specific trip.

Best Practice

Consider modesty guidelines for participants and chaperones as appropriate. Please see **Modesty Guidelines** for archdiocesan suggested modesty guidelines.

Best Practice

It is helpful for the trip leader to reference the consequences listed in code of behavior in discussion with participants/parents/guardians.

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Chaperones and Leaders

Policy

A chaperone's primary responsibility is to help ensure the safety of participants.

Ratios

There should always be a minimum of two chaperones per trip. For large groups, please maintain an adequate ratio of chaperones to children/youth:

- For trips within the U.S:
  - Preschool through Grade 5: One adult for every 5 children
  - Grades 6 through 12: One adult for every 7 youth
- For trips outside the U.S:
  - Preschool through Grade 5: International trips not recommended
  - Grades 6 through 12: One adult for every 5 youth
  - Please note that for World Youth Day pilgrimages, for every one child/youth under the age of 16 there must be at least one accompanying parent/guardian.

★ Keeping Track of Children/Youth

- Assign chaperones to a specific group of children/youth as one method of ensuring that they are accounted for at all times.
- Be sure each chaperone has a written list of the children/youth under his/her care. In addition, the field trip leader should carry a master list of children/youth and chaperones with emergency contact details at all times during the trip.
- Children up to grade 6 could wear identification (with only the name of the parish/school, not the child's name). The reverse side of the nametags could indicate the child's assigned chaperone and the chaperone's cell phone number, in the event a child is lost.
- In addition to adult supervision, it is advisable to use a type of "buddy system" in which children/youth are paired up and given the task of watching out for each other. Of course, this is only a secondary method and should not replace adequate adult supervision.

★ Qualifications

- Chaperones must be 21 years of age or older.
- All chaperones accompanying minors, including parents and guardians, must undergo a criminal background screening and complete (or show proof of having completed) Virtus' *Protecting God's Children* program prior to the trip.
- Please see **Appendix B: Liability Waiver & Medical Authorization Form** which should be completed by all adults attending the trip.
- All chaperones are subject to the **RCAB Code of Conduct** and are therefore required to follow the Code of Conduct (see **Appendix C**).
- For the safety of all participants, at least one chaperone/staff member must be certified in CPR and First Aid.

Contact Doreen Rearden of Risk Management at doreen_rearden@rcab.org for opportunities for free first aid and CPR certification.

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Chaperones and Leaders *(continued)*

☑ Procedure

- Group leaders should read the health forms of the youth in their care, note any special medical or emotional needs as stated on the forms, and share pertinent details with chaperones as needed.
- For both practical reasons and in the event of an emergency, the trip leader and preferably the chaperones should each carry a cell phone. However, if a chaperone will be driving, the driver must not operate his/her cell phone while driving. Please see the section titled, "Distracted Driving" for more information.
- The Code of Conduct should be given to chaperones and all adults; the trip leader should keep a checklist showing who received the document.
- Group leaders should have documentation of the *Protecting God's Children* training for all adult chaperones and volunteers (PGC certificates or verification from the Office of Pastoral Support and Child Protection).
  - If your parish/school has an appointed Local Administrator, that person can login at Virtus.org to see the information for people in the parish/school if they are listed as affiliated with that parish/school. (Keep in mind that if the person was trained elsewhere and did not change his or her parish/school affiliation, the Local Administrator will not see the person's information.) If you have trouble locating information or have any questions, please contact the Office of Pastoral Support and Child Protection at 617-746-5985.
- Allow plenty of time for chaperones to obtain passports and, if necessary, visas.

★ Junior Leaders/ Mentors

- While 18 through 20-year-old adults are not able to serve as chaperones, consider inviting them to participate as junior leaders or mentors for your trip. They should always be assigned to a chaperone. As a reminder, all adults must be CORI'd.

Other

- Adults will use the shower areas at times that have been designated for adults only and will not change clothes in any area shared with children/youth.
- Children/Youth are not to be left in the care of adults not with your group, and all adults will follow RCAB guidelines that one adult and one minor are not to be left alone.
- Chaperones may not consume alcohol or any THC products.

★ Best Practices

- **Language** – If visiting a country where English is not the first language, at least one chaperone on the trip should speak the native language fluently.
- **Background Screening** – The parish/school leader should check the Protecting God's Children training status and background screening of all adult chaperones and volunteers as soon as they know who is going to allow enough time for training and to address any issues.

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Transportation

Licensed Public Carriers

Policy

If using a licensed public carrier such as a chartered bus (40-60 people), be sure to perform due diligence and ensure the company is reputable and insured. Obtain a Certificate of Insurance from the company listing your parish/school and the Roman Catholic Archbishop of Boston, a Corporation Sole, as additional insured with coverage of at least $1 million and, in the case of a chartered bus, primary and umbrella liability limits totaling at least $10 million.

☑ Procedure

For an explanation of Certificates of Insurance and additional insured status, go to: http://rcabrisk.org/cert-primer. When using a licensed public carrier for overnight trips, ask the charter bus company if they perform criminal background checks on their drivers. If the answer is yes, ask them to acknowledge this in the agreement. If the company does not perform criminal background checks on their drivers, please contact the Office of Background Screening for assistance: 617-746-5840.

12-15 Passenger Vans

Policy

There are many hazards associated with driving 12-15 passenger vans, but these hazards are avoidable. If staff or volunteers are driving 12-15 passenger vans, we ask that they take a brief online safety training course offered by Liberty Mutual, our auto insurance carrier.

☑ Procedure

Please go to: **https://rcabrisk.org/knowledgebase/12-15-passenger-van-safety/** for more information. If you are renting a van, be sure to purchase supplementary liability insurance from the rental agency.

Use of Volunteer or Employee Vehicles

Policy

- If employees or volunteers are using their own vehicles to transport minors, then in accordance with Massachusetts' law, the personal automobile liability insurance coverage of the automobile vehicle owner is primary. RCAB's Automobile Insurance will provide excess coverage if a claim(s) arising out of an accident exceeds the liability limits of the vehicle owner's insurance policy.
- A child/youth cannot be alone in a car with an employee/volunteer who is not the parent/guardian of the child.

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☑ Procedure

- If an employee or volunteer will be driving a group of children/youth, obtain written permission from the parent/guardian of each child/youth who will be transported by the employee or volunteer.
- Have volunteer driver(s) complete **Use of Personal Vehicles for Activities** form. See **Appendix E** for sample.

Driver Background Checks (for both personal and rented vehicles)

Policy

Before allowing anyone to transport children/youth, please be sure to obtain documentation verifying the following:

- Driver is 21 years old or older
- Driver has a valid, unexpired, unrevoked driver's license and insurance
- Driver does not have a physical disability that could impair his/her ability to drive safely
- Driver has a clean driving record, i.e., he/she does not have a record of driving safety violations, including convictions for driving under the influence. Be sure to obtain a copy of the driver's record. The Office of Risk Management can assist with this. For more information, contact 617-746-5750 or go to **https://rcabrisk.org/knowledgebase/volunteer-drivers/**.
- Driver has undergone a CORI check and completed the child protection training program, *Protecting God's Children* prior to the trip, if children/youth will be transported.

Distracted Driving

Policy

Distracted driving is any activity that could divert a person's attention away from the primary task of driving. All distractions endanger driver, passenger, and bystander safety. These types of distractions include texting, talking on a cellphone, eating and drinking, and using a handheld navigation system while driving. Distracted driving is prohibited.

☑ Procedure

To help educate your drivers, you may want to institute a distracted driving policy for your parish or school. Put the policy in writing and ask all drivers to read and sign the policy. Please download a sample policy at **http://rcabrisk.org/distracted-driving**. Make sure drivers know the state law regarding cell phones and texting in both Massachusetts and, if applicable, any other state or country you may be travelling to or through. Laws change so do not rely on memory; be sure to find the information ahead of time by going to the following websites (MA and US): **https://www.mass.gov/service-details/distracted-driving**, **http://www.distraction.gov/content/get-the-facts/state-laws.html**

- Please see **Appendix F** for our fact sheet about **Distracted Driving**.
- See **Appendix G** for a sample form to be signed by volunteer drivers before a trip involving children/youth.

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Rooming for Overnight Trips

Policy

Age of participants

- Overnight trips for children of elementary school age (grades K-5) are prohibited unless:
  - Parent/guardian of each child is present.
- Overnight trips for children of middle school age (grades 6-8) are not recommended.
  - If there is an overnight trip with this age group, follow the policies for children in grades 9-12.
- Overnight trips for children/youth of high school age (grades 9-12) are permitted.
  - If there is an overnight trip with this age group, the following policies apply.

Overnight Trips

- Children/Youth can only share rooms with other youth of the same biological sex.
  - Exceptions can be made for siblings when a parent/guardian is also in the same room.
- Children/Youth should share rooms with other youth of similar age (within one year of each other).
  - Exceptions can be made if the youth are siblings of the same biological sex and the parents/guardians request that they be roomed together.
- Chaperones should be housed with other chaperones of the same biological sex (with the exception of spouses who may share a room together).
- If sleeping in a gym or other open-floor space, try to group children/youth according to biological sex and separate adults from minors to the best of your ability.
  - Physical barriers such as dividers, tables, chairs, staging, curtains etc. should be used when available.
- Impose a curfew and ensure that all children/youth are in their assigned rooms at that time.

★ Best Practice

Place blue painter tape on doors at a hotel; adult checks rooms in the morning, removes tape, and informs children/youth when they leave hotel room(s).

- Children/Youth may not leave the hotel/dormitory by themselves for any reason.
- Every effort should be made for chaperones/staff to use showering facilities that are separate from the facilities used by children/youth.
  - If this is not possible, children/youth and chaperones must be assigned separate times to access the showering facilities.
- Children/Youth are never permitted in a chaperone's room for any reason.
- Children/Youth may not use any lodging facilities (indoor or outdoor) such as: hotel pool, hotel recreation room/physical fitness room, and/or fitness equipment.

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Rooming for Overnight Trips *(continued)*

☑ Procedure

Children/Youth should travel in groups of two or more while staying in overnight lodging.

★ Best Practice

If the overnight trip occurs during the weekend, please be mindful of the obligation to attend Mass on Sunday and plan accordingly.

Health and Medical

Substance Use

Policy

Alcohol use among youth is not permitted even if a youth is of age in another country. Adult chaperones should not drink alcohol in the course of their duties. Illegal drug use among youth and adults is not permitted. Vaping and tobacco use for youth is also prohibited.

★ Best Practice

Clearly communicate this policy to chaperones before any event, especially for international trips.

Medications

Policy

No medications of any kind (prescription and non-prescription) should be administered to a minor unless otherwise stated on a minor's Permission Form and if arrangements are made in advance, i.e., the parent/guardian in concert with the group leader designates in writing a specific chaperone to administer the medicine. If a participant is taking a prescription medication, he/she should bring the medication in its prescription bottle.

Chaperones can administer prescription and non-prescription medications, like Tylenol for example, only with parental permission.

Procedure

☑ The parent /guardian should determine whether the participant or chaperone is in charge of keeping and storing a minor's medication. Please be aware of any school specific policies.

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Allergies

Policy

- If there are participants with known allergies on the trip, all chaperones on the trip must receive basic education. The Office of Risk Management can provide this training. Please call 617-746-5750 or go to https://rcabrisk.org/knowledgebase/managing-life-threatening-allergies/
  - Please see **Appendix H: Food Allergies Fact Sheet**.
- Chaperones on trips must be prepared to deal with allergic reactions, including the potential for anaphylaxis.
  - At least one chaperone on the trip must be trained to administer an epi-pen if a minor with a life-threatening allergy is on the trip, and if that minor has a prescription for an epinephrine by auto-injector.

Procedure

Other chaperones should be instructed to contact the designated team member for help in the event of a reaction.

Remember! All incidents must be reported. See section on **Injuries and Incidents**.

Best Practice

Have hand wipes available for use before and after consuming food. Use proper food safety procedures to avoid cross-contact. Make prior arrangements and confirm that allergen-free meals are available. Let parents/guardians of minors know the name of restaurants in advance when possible.

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Injuries and Incidents

Policy

- Define injury
  - Including physical, allergic, medical, and substance abuse related
- Define incident
  - Unintended or unexpected occurrence which produces hurt or loss such as damage to another person or property
- Every injury and incident must be taken seriously and immediately reported.

Procedure

1. Report to your supervisor, your principal and pastor (if applicable), and the Archdiocesan Office of Risk Management.
2. Contact parents/guardians/emergency contacts of any participants or chaperones involved in an injury or incident.
3. Any time there is an injury or accident, the accident or injury must be reported, even if it never rises to the level of an actual claim. The claims manager will determine whether a formal claim is warranted. Report the incident even if there is doubt. If the accident or injury involves a volunteer or student who is NOT employed by your parish or school, go to: **https://rcabrisk.org/accident-report/** or call 617-746-5745. If the accident or injury involves an employee, call AIM at 800-270-3357 or go to: **https://www.aimmutual.com/policyholders/report-an-injury/**.

FYI - Employees are covered by workers' compensation and liability insurance while in the course and scope of their employment; thus, employees who are chaperones are covered by RCAB's insurance program. Volunteer accident coverage provides coverage for injuries sustained in the course and scope of a person's work as a volunteer. For more information, please contact the Office of Risk Management at 617-746-5745.

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Emergency Planning

Policy

Have an emergency plan (digital and physical copies) in place ahead of time.

Procedure

- Emergency plan contents
  - Roster of participants and chaperones along with emergency contact details
  - Name and location of nearest emergency room
  - List of important phone numbers: 911, local emergency numbers at the destination, Poison Control (1-800-222-1222); Office of Risk Management (617-746-5750).
  - Check cell phone service availability at the destination.
  - Identify which staff members/volunteers are trained in first aid and CPR.
  - Emergency plan should include a list of who from the organizing school or parish the group leader will contact in the event of an emergency.
    - This should include more than one person in the event someone is unavailable.
- Communication of emergency plan
  - Group leader should review the emergency plan with all chaperones in advance.
  - Group leader should review the emergency plan with their supervisor/principal/pastor.
    - A copy of the emergency plan should be at the school or parish with the supervisor/principal/pastor.
- See **Appendix I** for a sample emergency action plan.

Policy

Pack an emergency kit.

Procedure

- Emergency kit includes (see **https://www.ready.gov/kit**)
  - First aid items (adhesive bandages, adhesive tape, 4” x 4” sterile gauze pads, ice packs, sick bags, antihistamine cream, antiseptic wipes, aloe vera topical gel or cream, gloves, masks, nonadhesive wound pads (Telfa), Polysporin antibiotic ointment, Moleskin – to apply to blisters or hot spots)

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- Medications: Ibuprofen (Advil is one brand name); Antacid – for indigestion; Antidiarrheal (Imodium, Pepto-Bismol, for example); Aspirin – for mild pain, heart attack; Diphenhydramine (Benadryl) or loratadine (Claritin) – oral antihistamine; Topical corticosteroids, such as over the counter Hydrocortisone 1% for rashes; Dental kit for broken teeth, loss of crown or filling; cough medication; nasal spray; oral decongestants. Can only be administered with permission of the parent/guardian.
- Bottled water
- Insect Repellant
- Sunscreen with an SPF of 30 or more
- Book on first aid
- Small flashlight
- Plastic resealable bags (oven and sandwich)
- Pocket mask for CPR
- Safety pins (large and small)
- Tweezers
- List of emergency contacts and list of medicines

★ Best Practice

Many of the emergency kits available for purchase include the items listed here.

- Emergency kit should be stored in a water-resistant, drop-proof container. Inexpensive nylon bags, personal kits, fanny packs, or makeup cases serve very well.
- There is no need for a fancy "medical bag." Use re-sealable sandwich or oven bags to group and compartmentalize items.
- Put wound supplies in one bag and medications in another.

Preparation – Best Practices

★ Destination Selection

Many considerations need to be made when choosing a location. Please keep the following in mind:

- **Distance to the destination:** Take into consideration the time of day you are travelling and the traffic you may encounter to determine how long it will take to arrive at your destination and ensure that you will be able to return to home by the designated time.
- **Specifics of the environment:** Have someone from the group planning the trip visit the site ahead of time to review the site. Look out for anything that has the potential to cause injury and be sure all chaperones are made aware of it. Consider specific hazards and dangers of the activity that may impact the health and safety of participants. If using a travel company, be sure to vet the company and its travel leaders.
- **Time of year:** Be mindful of the potential weather conditions for the time of year in which you are travelling. For example, if your trip involves spending a long period of time outdoors without shade and the National Weather Service issues a heat advisory for that day, it may be advisable to cancel the trip.
- **Real ID consideration starting 2023:** Be aware that starting May 3, 2023, "every air traveler 18 years of age and older will need a REAL ID-compliant driver's license or identification card, state-issued enhanced driver's license, or another TSA-acceptable form of identification at airport security checkpoints for domestic air travel"

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according to the Department of Homeland Security. (You can use your passport for this type of identification when flying domestically and you will need your passport – regardless of whether or not you have a REAL-ID – for international flights.)

★ Participants

- Be sure the events are age-appropriate for the participants.
- Identify special requirements for participation, such as level of fitness or special skills needed.
- Identify any special needs participants may have and whether or not the location or activity can accommodate those needs.
- The trip leader should have a plan in place to handle disciplinary issues that may arise. The trip leader should discuss this plan in advance with chaperones and share it with participants/parents/guardians.
- Inform participants beforehand to keep valuables at home.

★ Payment

If a fee is required for the trip, make sure this information is stated clearly and give ample time for the participants to submit the fee.

- Note the accepted means of payment (check, cash, or credit), as well as if a refund is possible in the event the trip is cancelled.
  - Checks or credit cards are preferred because they automatically create a record of the transaction.
  - If using cash, be sure to provide a receipt to both parties.
- All trips should have scholarships available for those who do not have available funds for the trip.
  - Consider ways to engage the parish community in supporting the trip and participants who may not have the resources personally to attend otherwise.
- Clear deadlines for payment should be communicated and enforced.
- Refund policy sample language:
  - After [DATE], your deposit becomes non-refundable. You may cancel your reservation at any time until [DATE] without penalty. After [DATE], you may not make any name changes or substitutions of any kind for individuals listed as registered. All changes, cancellations, or refund requests must be made in writing and submitted to [EMAIL ADDRESS] by the listed due date. Changes, cancellations, or refund requests will not be accepted over the phone.

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Additional Considerations if Travelling Internationally

Choosing the Location

Questions to consider regarding the location:

- Are visas required?
- Are there any exit requirements for U.S. citizens?
- Are certain immunizations required or recommended prior to arrival?
- What are the medical conditions like – which hospitals are recommended by expatriates?
- Are there safety concerns of which you should be aware? Play close attention to the current events in the country you are visiting, as well as neighboring countries.
- Travel to countries cited in the United States Department of State with Travel Advisory levels of 3 or 4 is prohibited.

International Travel Information

You can research various safety and security information for your planned destination at travel.state.gov/destination. Enter your planned destination in the "Learn about your destination" search box. On the page for the country, you will find important travel information including, but not limited to, travel advisories, alerts, entry and exit requirements, local laws and customs, health and safety information, and contact information for U.S. citizens.

Travel Advisories

According to the U.S. Department of State, "We issue a Travel Advisory for each country of the world. Travel Advisories follow a consistent format and use plain language to help U.S. citizens find and use important security information. Travel Advisories apply up to four standard levels of advice, describe the risks, and provide clear actions U.S. citizens should take to help ensure their safety." A complete list of Travel Advisories for every country in the world can be viewed at travel.state.gov/traveladvisories. A color-coded world map can be found at travelmaps.state.gov/TSGMap/. The country-specific page, you will find the travel advisory for your planned destination. As a reminder, if the Travel Advisory level is 3 or 4, travel is prohibited to that location.

Conditions can change rapidly in a country at any time. Sign up to receive updated Travel Advisories and Alerts at travel.state.gov/stayingconnected.

Entry/Exit Requirements

Entry and exit requirements for the planned destination are listed on the country-specific page of travel.state.gov/destination.

- **Be sure to account for the time it will take for students and chaperones to obtain passports and, if necessary, visas.**

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Additional Considerations if Travelling Internationally *(continued)*

- In addition, verify that you and the other travelers have signed your passports and filled in the emergency information page of the passport.
- Upon return to the U.S., each traveler will undergo customs examination. Participants are responsible for their individual declaration and payment of customs duty tax.
  - Refer to the U.S. Department of Homeland Security Customs & Border Protection website (**www.cbp.gov**) for more details.

Vaccinations

Some countries require vaccinations that are not routine in the U.S. Find out what the requirements are for the country you are visiting and be sure to have all participants and chaperones vaccinated well in advance. This information can also be found on the country-specific page on **http://travel.state.gov/**. Often vaccinations need to be administered several weeks prior to travel, so planning ahead is crucial.

Medical Insurance Considerations

- Be sure to check your overseas medical insurance coverage and advise participants and their parents/guardians (if participants are minors) to do the same.
- Ask your medical insurance provider if your policy applies overseas and if it covers emergency expenses such as medical evacuation. If it does not, consider purchasing supplemental insurance.
- Please note that some international programs, such as Habitat for Humanity, will provide international medical insurance and crisis assistance as part of their program – the costs are included in their program fees.

Currency

- Find out the official exchange rate for dollars into the country's currency. The exchange rate will fluctuate so be sure to check it just prior to departing.
- Exchange currency in advance so that you have enough foreign cash to cover initial transportation costs while on the ground, as well as tips and meals.
- Try not to exchange currency at an airport kiosk as these usually charge higher rates. Banks in city centers often offer the best rates.
- When changing currency back to dollars, remember that foreign coins cannot be exchanged for U.S. dollars – be sure to spend or donate coins before you leave.

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Additional Considerations if Travelling Internationally *(continued)*

Emergency Planning

Emergency planning is more important than ever when venturing abroad.

- To begin, the organizer must carry copies of the following documents with him/her on the trip and must leave copies of these documents with your organization's administrator:
  - The trip itinerary with details of each day's events, including flight schedules, transportation to and from the airport, addresses of hotels and specific dates of stay, address of restaurants booked, etc.
  - The names/cell phone numbers of all chaperones, along with their relationship to the participants on the trip.
  - The names and home phone numbers of all participants, along with emergency contact information and medical insurance provider details.
  - Copies of everyone's passport data page and visa, if applicable.
  - Copies of all permission slips, including medical information.
  - Directory of addresses and telephone numbers of U.S. Embassies and/or Consulates located in the countries being visited. You will need to contact an embassy or consulate immediately if a passport is lost or stolen.
  - Directory of recommended medical facilities in countries being visited. Research the medical facilities in advance to determine which are the ones that expatriates regularly use. See the "Health" section on the country-specific page of **http://travel.state.gov**.
  - Be sure to develop a plan in the event a participant is ill, or if a disciplinary issue causes you to send a participant home prior to the end of the trip.

Smart Traveler Enrollment

Before you depart for your trip, sign up for the Free Smart Traveler Enrollment Program (STEP **https://step.state.gov/step/**). This is a free service provided by the U.S. Government to U.S. citizens who are traveling to a foreign country.

- STEP allows you to enter information about your upcoming trip abroad so that the Department of State can better assist you in an emergency.
- Enrolling in this program will help the State Department contact you if there is a family emergency in the U.S., or if there is a crisis where you are traveling.
- Please note that in accordance with the Privacy Act, information on your welfare and whereabouts will not be released to others without your express authorization.

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Additional Considerations if Travelling Internationally *(continued)*

Cultural Considerations

Prior to the trip, be sure the participants have familiarized themselves with the culture and customs of the country.

- Research the laws of the country – **http://travel.state.gov/** is a good resource for this. Note that you are subject to the country's laws while you are there.
- Remind participants that they represent their Church and country and should always act accordingly. This includes getting to know the customs of the country visiting and following those customs.
- Stress the importance of showing respect when visiting all places of worship and be sure to pack appropriate attire – dress codes may be more formal than in our country. For example, St. Peter's Basilica at the Vatican enforces a strict dress code: no shorts, bare shoulders, or miniskirts.

Cell Phone Service

Many U.S. cell phones do not work internationally, or the charges imposed by U.S. service providers are prohibitive.

- First, call your service provider to find out if your phone will work abroad and, if it does, inquire about the usage fees.
- Other options include renting an international phone from a U.S. company or buying a SIM card that you can insert into your current phone – this option typically buys you lower rates and a local number.
- Be sure to ask about international text messaging and data plans if you intend to use your phone for text messaging or to access the Internet.

Closing

As a reminder, please do not hesitate to contact the Archdiocese of Boston (Secretariat for Evangelization & Discipleship, Catholic Schools Office, and Office of Risk Management) for assistance in planning your trip and for any emergencies you encounter along the way. We hope that your trips and pilgrimages are opportunities for you and those you serve to draw closer to the Lord.

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Appendices

The following Appendices include forms that you may copy, download or share electronically with your volunteers or participants as needed.

If you need further assistance with forms or resources, please contact Doreen Rearden at **doreen_rearden@rcab.org**.

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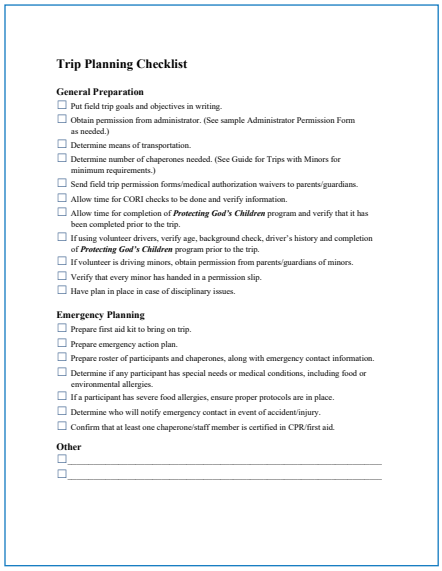
Appendix A: Planning

Planning Checklist

Use the following page to copy the form as needed, or download a PDF of the form by clicking here:
https://rcabrisk.org/Trip-Planning-Checklist.pdf

This form may be copied on your parish/school letterhead.



Trip Planning Checklist

General Preparation

- ☐ Put field trip goals and objectives in writing.
- ☐ Obtain permission from administrator. (See sample Administrator Permission Form as needed.)
- ☐ Determine means of transportation.
- ☐ Determine number of chaperones needed. (See Guide for Trips with Minors for minimum requirements.)
- ☐ Send field trip permission forms/medical authorization waivers to parents/guardians.
- ☐ Allow time for CORI checks to be done and verify information.
- ☐ Allow time for completion of ***Protecting God's Children*** program and verify that it has been completed prior to the trip.
- ☐ If using volunteer drivers, verify age, background check, driver's history and completion of ***Protecting God's Children*** program prior to the trip.
- ☐ If volunteer is driving minors, obtain permission from parents/guardians of minors.
- ☐ Verify that every minor has handed in a permission slip.
- ☐ Have plan in place in case of disciplinary issues.

Emergency Planning

- ☐ Prepare first aid kit to bring on trip.
- ☐ Prepare emergency action plan.
- ☐ Prepare roster of participants and chaperones, along with emergency contact information.
- ☐ Determine if any participant has special needs or medical conditions, including food or environmental allergies.
- ☐ If a participant has severe food allergies, ensure proper protocols are in place.
- ☐ Determine who will notify emergency contact in event of accident/injury.
- ☐ Confirm that at least one chaperone/staff member is certified in CPR/first aid.

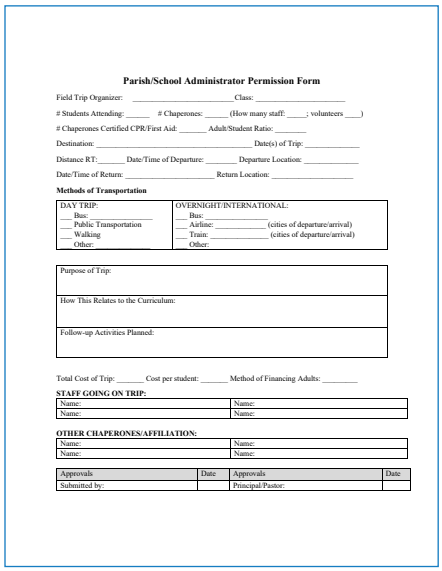
Other

- ☐ _____
- ☐ _____

Sample Parish/School Adminstrator Permission Form

Use the sample Permission Form to copy as needed, or download a PDF of the form by clicking here:
https://rcabrisk.org/PermissionForm_fill.pdf

This form may be copied on your parish/school letterhead.



Parish/School Administrator Permission Form

Field Trip Organizer: _____ Class: _____

Students Attending: _____ # Chaperones: _____ (How many staff: _____; volunteers ____)

Chaperones Certified CPR/First Aid: _____ Adult/Student Ratio: _____

Destination: _____ Date(s) of Trip: _____

Distance RT: _____ Date/Time of Departure: _____ Departure Location: _____

Date/Time of Return: _____ Return Location: _____

Methods of Transportation

DAY TRIP:	OVERNIGHT/INTERNATIONAL:
___ Bus: _____ ___ Public Transportation ___ Walking ___ Other: _____	___ Bus: _____ ___ Airline: _____ (cities of departure/arrival) ___ Train: _____ (cities of departure/arrival) ___ Other:

Purpose of Trip:
How This Relates to the Curriculum:
Follow-up Activities Planned:

Total Cost of Trip: _____ Cost per student: _____ Method of Financing Adults: _____

STAFF GOING ON TRIP:

Name:	Name:
Name:	Name:

OTHER CHAPERONES/AFFILIATION:

Name:	Name:
Name:	Name:

Approvals	Date	Approvals	Date
Submitted by:		Principal/Pastor:	

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Trip Planning Checklist

General Preparation

- ☐ Put field trip goals and objectives in writing.
- ☐ Obtain permission from administrator. (See sample Administrator Permission Form as needed.)
- ☐ Determine means of transportation.
- ☐ Determine number of chaperones needed. (See Guide for Trips with Minors for minimum requirements.)
- ☐ Send field trip permission forms/medical authorization waivers to parents/guardians.
- ☐ Allow time for CORI checks to be done and verify information.
- ☐ Allow time for completion of ***Protecting God's Children*** program and verify that it has been completed prior to the trip.
- ☐ If using volunteer drivers, verify age, background check, driver's history and completion of ***Protecting God's Children*** program prior to the trip.
- ☐ If volunteer is driving minors, obtain permission from parents/guardians of minors.
- ☐ Verify that every minor has handed in a permission slip.
- ☐ Have plan in place in case of disciplinary issues.

Emergency Planning

- ☐ Prepare first aid kit to bring on trip.
- ☐ Prepare emergency action plan.
- ☐ Prepare roster of participants and chaperones, along with emergency contact information.
- ☐ Determine if any participant has special needs or medical conditions, including food or environmental allergies.
- ☐ If a participant has severe food allergies, ensure proper protocols are in place.
- ☐ Determine who will notify emergency contact in event of accident/injury.
- ☐ Confirm that at least one chaperone/staff member is certified in CPR/first aid.

Other

- ☐ _____
- ☐ _____

Parish/School Administrator Permission Form

Field Trip Organizer: _____Class: _____

Students Attending: _____ # Chaperones: _____ (How many staff: _____; volunteers ____)

Chaperones Certified CPR/First Aid: _____ Adult/Student Ratio: _____

Destination: _____ Date(s) of Trip: _____

Distance RT:_____ Date/Time of Departure: _____ Departure Location: _____

Date/Time of Return: _____ Return Location: _____

Methods of Transportation

DAY TRIP:	OVERNIGHT/INTERNATIONAL:
___ Bus: _____ ___ Public Transportation ___ Walking ___ Other: _____	___ Bus: _____ ___ Airline: _____ (cities of departure/arrival) ___ Train: _____ (cities of departure/arrival) ___ Other:

Purpose of Trip:
How This Relates to the Curriculum:
Follow-up Activities Planned:

Total Cost of Trip: _____ Cost per student: _____ Method of Financing Adults: _____

STAFF GOING ON TRIP:

Name:	Name:
Name:	Name:

OTHER CHAPERONES/AFFILIATION:

Name:	Name:
Name:	Name:

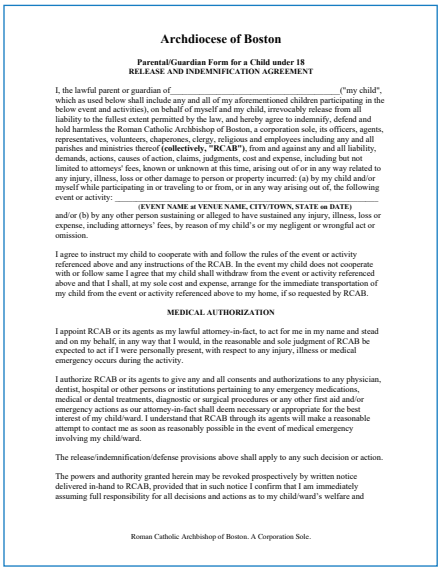
Approvals	Date	Approvals	Date
Submitted by:		Principal/Pastor:	

Appendix B:
Liability Waiver & Medical Authorization Form

Liability Waiver & Medical Authorization Form
Parental Form For Child Under 18

Use the following pages to copy the form as needed, or download a PDF of the form by clicking here:
https://rcabrisk.org/LiabilityWaiver_ChildUnder18_fill.pdf

This form SHOULD NOT be copied on your parish/school letterhead. It should only be used as provided.



Archdiocese of Boston

Parental/Guardian Form for a Child under 18
RELEASE AND INDEMNIFICATION AGREEMENT

I, the lawful parent or guardian of _____ ("my child", which as used below shall include any and all of my aforementioned children participating in the below event and activities), on behalf of myself and my child, irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Archbishop of Boston, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof **(collectively, "RCAB")**, from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by my child and/or myself while participating in or traveling to or from, or in any way arising out of, the following event or activity: _____
(EVENT NAME at VENUE NAME, CITY/TOWN, STATE on DATE)
and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my child's or my negligent or wrongful act or omission.

I agree to instruct my child to cooperate with and follow the rules of the event or activity referenced above and any instructions of the RCAB. In the event my child does not cooperate with or follow same I agree that my child shall withdraw from the event or activity referenced above and that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from the event or activity referenced above to my home, if so requested by RCAB.

MEDICAL AUTHORIZATION

I appoint RCAB or its agents as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB be expected to act if I were personally present, with respect to any injury, illness or medical emergency occurs during the activity.

I authorize RCAB or its agents to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for the best interest of my child/ward. I understand that RCAB through its agents will make a reasonable attempt to contact me as soon as reasonably possible in the event of medical emergency involving my child/ward.

The release/indemnification/defense provisions above shall apply to any such decision or action.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to RCAB, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my child/ward's welfare and

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Archdiocese of Boston

Parental/Guardian Form for a Child under 18
RELEASE AND INDEMNIFICATION AGREEMENT

I, the lawful parent or guardian of_____("my child", which as used below shall include any and all of my aforementioned children participating in the below event and activities), on behalf of myself and my child, irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Archbishop of Boston, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof **(collectively, "RCAB")**, from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by my child and/or myself while participating in or traveling to or from, or in any way arising out of, the following event or activity: _____

(EVENT NAME at VENUE NAME, CITY/TOWN, STATE on DATE)

and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my child's or my negligent or wrongful act or omission.

I agree to instruct my child to cooperate with and follow the rules of the event or activity referenced above and any instructions of the RCAB. In the event my child does not cooperate with or follow same I agree that my child shall withdraw from the event or activity referenced above and that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from the event or activity referenced above to my home, if so requested by RCAB.

MEDICAL AUTHORIZATION

I appoint RCAB or its agents as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB be expected to act if I were personally present, with respect to any injury, illness or medical emergency occurs during the activity.

I authorize RCAB or its agents to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for the best interest of my child/ward. I understand that RCAB through its agents will make a reasonable attempt to contact me as soon as reasonably possible in the event of medical emergency involving my child/ward.

The release/indemnification/defense provisions above shall apply to any such decision or action.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to RCAB, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my child/ward's welfare and

health. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence.

This power of attorney shall lapse automatically upon completion of the activity listed above that my child/ward is participating in or attending and related activities, and travel if any, and the return of my child/ward to me or my designee. Any revocation of such powers and authority shall not affect any other provision of this Release and Indemnification Agreement, each of which shall continue in full force and effect.

I understand and agree that RCAB is not and shall not be responsible for assuring that my child/ward takes any medication, prescription or otherwise, which may be indicated for my child/ward. There are no medical conditions, nor any life threatening allergies to foods or medicines, that would limit my child/ward's full participation in the activity or require any special precautions except as I list here:

_____
_____
_____
_____

List any current medications and dosage (prescription and over-the-counter) that the RCAB might need to know about should an emergency arise here:

_____
_____
_____
_____

If any change occurs in the information which I have provided with respect to emergency contacts or medical information I shall provide immediate written notification of such change to the RCAB.

As evidenced by my signature below, RCAB and/or an agent thereof may use my child/ward's portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and I hereby release, indemnify and agree to defend under the provisions above the RCAB and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

By signing below, I verify that I have carefully read and understand this statement and that I am signing it freely and voluntarily in consideration of the RCAB's agreement to allow my child/ward to participate in this voluntary activity, trip or event, and as an inducement to the RCAB to permit such participation, without which it would not do so. I request that my child/ward be allowed to participate in the above-referenced activity, trip or event.

Signature of Parent or Guardian: _____ Date _____

Signature of child: _____ Date _____

Archdiocese of Boston

PLEASE <u>PRINT</u> THE FOLLOWING INFORMATION

Name of person signing this form:

_____

Name of child:

_____

Date of Birth of child:

_____

Complete Address:

_____

City, State, Zip Code:

_____

Phone – Work: _____ Home: _____ Cell: _____

#1 Emergency Contact (other than yourself):

_____

Relationship

_____

Phone –
Work: _____ Home: _____ Cell: _____

Family Doctor
Name: _____ Phone: _____

Child's Health Insurance Provider:

_____

Membership Number:

_____

Name of Parish/School & Town:

_____

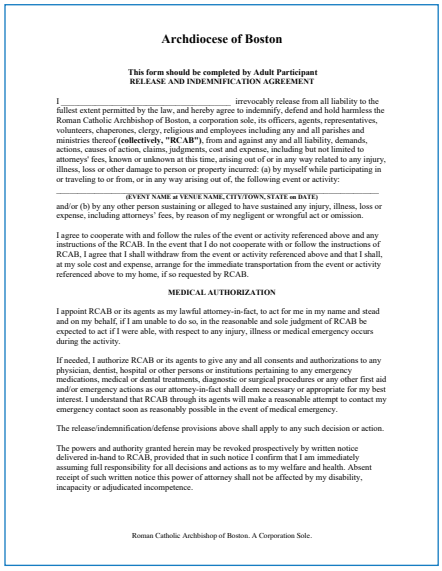
Special Needs or Considerations for Your Child/Other Comments:

_____

Appendix B:
Liability Waiver & Medical Authorization Form

Liability Waiver & Medical Authorization Form Form For Adults

Use the following pages to copy the form as needed, or download a PDF of the form by clicking here:
https://rcabrisk.org/LiabilityWaiver_Adults.pdf



Archdiocese of Boston

This form should be completed by Adult Participant
RELEASE AND INDEMNIFICATION AGREEMENT

I _____ irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Archbishop of Boston, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof **(collectively, "RCAB")**, from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by myself while participating in or traveling to or from, or in any way arising out of, the following event or activity:

_____
(EVENT NAME at VENUE NAME, CITY/TOWN, STATE on DATE)

and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my negligent or wrongful act or omission.

I agree to cooperate with and follow the rules of the event or activity referenced above and any instructions of the RCAB. In the event that I do not cooperate with or follow the instructions of RCAB, I agree that I shall withdraw from the event or activity referenced above and that I shall, at my sole cost and expense, arrange for the immediate transportation from the event or activity referenced above to my home, if so requested by RCAB.

MEDICAL AUTHORIZATION

I appoint RCAB or its agents as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, if I am unable to do so, in the reasonable and sole judgment of RCAB be expected to act if I were able, with respect to any injury, illness or medical emergency occurs during the activity.

If needed, I authorize RCAB or its agents to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for my best interest. I understand that RCAB through its agents will make a reasonable attempt to contact my emergency contact soon as reasonably possible in the event of medical emergency.

The release/indemnification/defense provisions above shall apply to any such decision or action.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to RCAB, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my welfare and health. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence.

Roman Catholic Archbishop of Boston. A Corporation Sole.

This form SHOULD NOT be copied on your parish/school letterhead. It should only be used as provided.

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Archdiocese of Boston

This form should be completed by Adult Participant
RELEASE AND INDEMNIFICATION AGREEMENT

I _____ irrevocably release from all liability to the fullest extent permitted by the law, and hereby agree to indemnify, defend and hold harmless the Roman Catholic Archbishop of Boston, a corporation sole, its officers, agents, representatives, volunteers, chaperones, clergy, religious and employees including any and all parishes and ministries thereof **(collectively, "RCAB")**, from and against any and all liability, demands, actions, causes of action, claims, judgments, cost and expense, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury, illness, loss or other damage to person or property incurred: (a) by myself while participating in or traveling to or from, or in any way arising out of, the following event or activity:

_____

(EVENT NAME at VENUE NAME, CITY/TOWN, STATE on DATE)

and/or (b) by any other person sustaining or alleged to have sustained any injury, illness, loss or expense, including attorneys' fees, by reason of my negligent or wrongful act or omission.

I agree to cooperate with and follow the rules of the event or activity referenced above and any instructions of the RCAB. In the event that I do not cooperate with or follow the instructions of RCAB, I agree that I shall withdraw from the event or activity referenced above and that I shall, at my sole cost and expense, arrange for the immediate transportation from the event or activity referenced above to my home, if so requested by RCAB.

MEDICAL AUTHORIZATION

I appoint RCAB or its agents as my lawful attorney-in-fact, to act for me in my name and stead and on my behalf, if I am unable to do so, in the reasonable and sole judgment of RCAB be expected to act if I were able, with respect to any injury, illness or medical emergency occurs during the activity.

If needed, I authorize RCAB or its agents to give any and all consents and authorizations to any physician, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other first aid and/or emergency actions as our attorney-in-fact shall deem necessary or appropriate for my best interest. I understand that RCAB through its agents will make a reasonable attempt to contact my emergency contact soon as reasonably possible in the event of medical emergency.

The release/indemnification/defense provisions above shall apply to any such decision or action.

The powers and authority granted herein may be revoked prospectively by written notice delivered in-hand to RCAB, provided that in such notice I confirm that I am immediately assuming full responsibility for all decisions and actions as to my welfare and health. Absent receipt of such written notice this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence.

Archdiocese of Boston

This power of attorney shall lapse automatically upon completion of the activity listed above that I am participating in or attending and related activities, and travel if any, and my return. Any revocation of such powers and authority shall not affect any other provision of this Release and Indemnification Agreement, each of which shall continue in full force and effect.

I understand and agree that RCAB is not and shall not be responsible for assuring that I take any medication, prescription or otherwise, which may be indicated for me. There are no medical conditions, nor any life-threatening allergies to foods or medicines, that would limit my full participation in the activity or require any special precautions except as I list here:

_____
_____
_____
_____

List any current medications and dosage (prescription and over-the-counter) that the RCAB might need to know about should an emergency arise here:

_____
_____
_____
_____

If any change occurs in the information which I have provided with respect to emergency contacts or medical information I shall provide immediate written notification of such change to the RCAB.

As evidenced by my signature below, RCAB and/or an agent thereof may use my portrait or photograph for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and I hereby release, indemnify and agree to defend under the provisions above the RCAB and its agents from any and all liability, loss, damage and expense, including attorneys' fees, resulting from such use.

By signing below, I verify that I have carefully read and understand this statement and that I am signing it freely and voluntarily in consideration of the RCAB's agreement to allow me to participate in this voluntary activity, trip or event, and as an inducement to the RCAB to permit such participation, without which it would not do so. I request that I be allowed to participate in the above-referenced activity, trip or event.

Signature of Adult Participant: _____ Date _____

Archdiocese of Boston

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person signing this form:

_____

Date of Birth:

_____

Complete Address:

_____

City, State, Zip Code:

_____

Phone – Work: _____ Home: _____ Cell: _____

#1 Emergency Contact (other than yourself):

_____

Relationship

_____

Phone –
Work: _____ Home: _____ Cell: _____

Family Doctor
Name: _____ Phone: _____

Health Insurance Provider:

_____

Membership Number:

_____

Name of Parish/School & Town:

_____

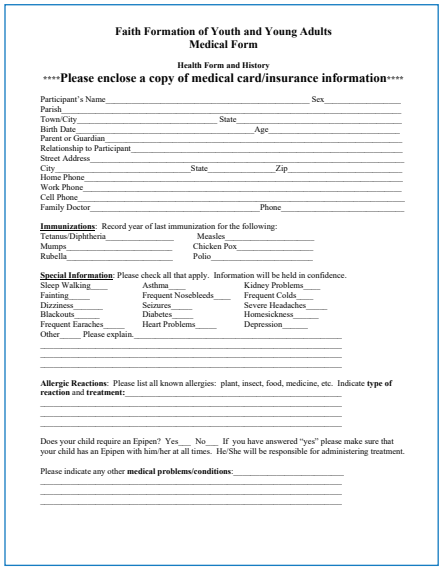
Special Needs or Considerations, Other Comments:

_____

Appendix B:
Sample Medical Form

Use the following pages to copy the form as needed, or download a PDF of the form by clicking here:
https://rcabrisk.org/Medical_Form_fill.pdf

This form may be copied on your parish/school letterhead.



Faith Formation of Youth and Young Adults
Medical Form

Health Form and History

******Please enclose a copy of medical card/insurance information******

Participant's Name_____ Sex_____
Parish_____
Town/City_____ State_____
Birth Date_____Age_____
Parent or Guardian_____
Relationship to Participant_____
Street Address_____
City_____State_____Zip_____
Home Phone_____
Work Phone_____
Cell Phone _____
Family Doctor_____Phone_____

Immunizations: Record year of last immunization for the following:
Tetanus/Diphtheria_____ Measles_____
Mumps_____ Chicken Pox_____
Rubella_____ Polio_____

Special Information: Please check all that apply. Information will be held in confidence.

Sleep Walking____	Asthma____	Kidney Problems____
Fainting_____	Frequent Nosebleeds____	Frequent Colds_____
Dizziness_____	Seizures_____	Severe Headaches____
Blackouts_____	Diabetes_____	Homesickness_____
Frequent Earaches____	Heart Problems____	Depression_____

Other_____ Please explain._____
_____
_____
_____

Allergic Reactions: Please list all known allergies: plant, insect, food, medicine, etc. Indicate **type of reaction** and **treatment:**_____
_____
_____
_____

Does your child require an Epipen? Yes___ No___ If you have answered "yes" please make sure that your child has an Epipen with him/her at all times. He/She will be responsible for administering treatment.

Please indicate any other **medical problems/conditions**:_____
_____
_____
_____

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Faith Formation of Youth and Young Adults
Medical Form

Health Form and History

****Please enclose a copy of medical card/insurance information****

Participant's Name_____ Sex_____
Parish_____
Town/City_____ State_____
Birth Date_____Age_____
Parent or Guardian_____
Relationship to Participant_____
Street Address_____
City_____State_____Zip_____
Home Phone_____
Work Phone_____
Cell Phone_____
Family Doctor_____Phone_____

Immunizations: Record year of last immunization for the following:
Tetanus/Diphtheria_____ Measles_____
Mumps_____ Chicken Pox_____
Rubella_____ Polio_____

Special Information: Please check all that apply. Information will be held in confidence.

Sleep Walking____	Asthma____	Kidney Problems____
Fainting_____	Frequent Nosebleeds____	Frequent Colds____
Dizziness_____	Seizures_____	Severe Headaches_____
Blackouts_____	Diabetes_____	Homesickness_____
Frequent Earaches_____	Heart Problems_____	Depression_____

Other_____ Please explain._____
_____
_____
_____

Allergic Reactions: Please list all known allergies: plant, insect, food, medicine, etc. Indicate **type of reaction** and **treatment:**_____
_____
_____
_____

Does your child require an Epipen? Yes___ No___ If you have answered "yes" please make sure that your child has an Epipen with him/her at all times. He/She will be responsible for administering treatment.

Please indicate any other **medical problems/conditions**:_____
_____
_____
_____

Any physical limitations? Yes_____ No_____If yes, please explain.
_____
_____
_____

Any emotional/psychological limitations or reactions to be aware of? Yes_____No_____
If yes, please explain._____
_____
_____

Please note that adult chaperones are not allowed to dispense medications.

Is this participant presently taking any medication? Yes_____ No_____
All medication is to be well labeled with clear, concise directions indicated on lines below. Medicine must be in original bottle from pharmacy. Please keep medicines in their original, labeled containers. Bring copies of your prescriptions and the generic names for the drugs. If a medication is unusual or contains narcotics, carry a letter from your doctor attesting to your need to take the drug.
Medicine_____ Dosage_____Frequency_____
Medicine_____ Dosage_____ Frequency_____
Medicine_____ Dosage_____ Frequency_____

In an emergency, if we are unable to contact parent or guardian, we should contact:
(Please list 2 [two] contacts.)

Name_____ **Name_____**
Relationship_____ **Relationship_____**
Telephone Number_____ **Telephone Number_____**

Note to parent or guardian:

Permission for *Routine* and *Emergency* Medical Treatment

All attempts will be made to notify you if your child requires medical treatment. We do not wish to give any medical treatment to your child against your wishes or family practice. I hereby give permission for my child to receive routine medical treatment. In case of emergency I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

Signature_____

Relationship_____ Date_____

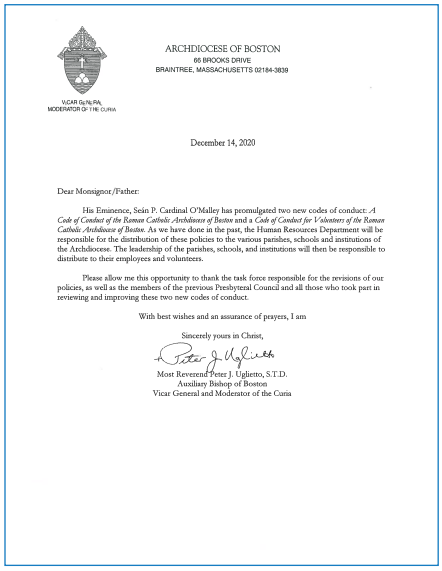
Family Insurance Provider and Health Plan_____

Health Plan number (including expiration date)_____

Appendix C: Code of Conduct

Code of Conduct for Adults

Use the following 11 pages to copy the Code of Conduct for Adults as needed, or download a PDF of the Code of Conduct for Adults by clicking here:
https://parish.bostoncatholic.org/sites/g/files/zjfyce921/files/2020-12/CanonicalAffairs_CodesofConduct.pdf



ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAINTREE, MASSACHUSETTS 02184-3839

VICAR GENERAL
MODERATOR OF THE CURIA

December 14, 2020

Dear Monsignor/Father:

His Eminence, Seán P. Cardinal O'Malley has promulgated two new codes of conduct: *A Code of Conduct of the Roman Catholic Archdiocese of Boston* and a *Code of Conduct for Volunteers of the Roman Catholic Archdiocese of Boston*. As we have done in the past, the Human Resources Department will be responsible for the distribution of these policies to the various parishes, schools and institutions of the Archdiocese. The leadership of the parishes, schools, and institutions will then be responsible to distribute to their employees and volunteers.

Please allow me this opportunity to thank the task force responsible for the revisions of our policies, as well as the members of the previous Presbyteral Council and all those who took part in reviewing and improving these two new codes of conduct.

With best wishes and an assurance of prayers, I am

Sincerely yours in Christ,

Most Reverend Peter J. Uglietto, S.T.D.
Auxiliary Bishop of Boston
Vicar General and Moderator of the Curia

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ARCHDIOCESE OF BOSTON
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Most Reverend Peter J. Uglietto, S.T.D.
Auxiliary Bishop of Boston
Vicar General and Moderator of the Curia

DECREE OF PROMULGATION

In Nomine Domini

The Archdiocese of Boston ("Archdiocese") has had two policies governing the conduct of its clerics, employees, and volunteers. One was the Code of Conduct and the other was the Code of Ministerial Behavior. In 2018, the National Audit Committee of the United States Conference of Catholic Bishops recommended updating the Code of Ministerial Behavior. In order to accomplish this task, I convened a task force of the various offices that interact with the issues involved in these Codes. The purpose of the task force would be soliciting its input in creating in a new Code of Conduct that encompasses both the old Code of Conduct and the Code of Ministerial Personnel. The task force was led by the Episcopal Vicar for Clergy, Very Reverend Bryan K. Parrish, E.V., and included the General Counsel; the Director of the Office of Professional Standards and Oversight; the Director of the Office of Child Advocacy; the Director of Human Resources; and the Assistant to the Moderator of the Curia for Canonical Affairs (the "Task Force").

The Task Force met sixteen times over the course of a year in creating two separate drafts, one a Code of Conduct for the Archdiocese of Boston and the other a Code of Conduct for volunteers of the Archdiocese of Boston. These two draft documents were sent to a group of people that consisted of a school principal, two pastors, and two people working in parish ministry. After receiving their input, the draft documents were sent to the members of the Presbyteral Council for their comments. Updated drafts of the "Code of Conduct of the Archdiocese of Boston" and the "Code of Conduct for Volunteers of the Archdiocese of Boston" were presented to the Presbyteral Council at its meeting on December 19, 2019. These two draft documents were then brought to the Vicariates for further input from the priests of the Archdiocese. The two draft documents were discussed at the Presbyteral Council again on February 13, 2020 and May 28, 2020, with further meetings of the Task Force in the intervening time, produced additional comments and suggestions from the priests of the various Vicariates. After receiving the input of the priests of the Archdiocese, more changes were made to the drafts and the Task Force met to finalize the two draft documents.

Having considered the work of the Task Force and after their extensive and wide ranging consultation, and in accord with canons 8, 29, 381 §1, and 391, I hereby decree and promulgate as particular law for the Archdiocese of Boston, the *Code of Conduct of the Roman Catholic Archdiocese of Boston* and the *Code of Conduct for Volunteers of the Roman Catholic Archdiocese of Boston.*

This Decree and the *Code of Conduct of the Roman Catholic Archdiocese of Boston* and the *Code of Conduct for Volunteers of the Roman Catholic Archdiocese of Boston* shall be published and made known to each and every Pastor of the Archdiocese of Boston by electronic mail, as well as by posting on the Roman Catholic Archdiocese of Boston Curia website and the public internet website of the Archdiocese of Boston. Distribution of the Code of Conduct for the Archdiocese of Boston shall be in accord with the recommendations of the Task Force and shall be the responsibility of the Director of Human Resources.

Any policy or particular law of the Archdiocese that is contrary to the *Code of Conduct of the Roman Catholic Archdiocese of Boston* and the *Code of Conduct for Volunteers of the Roman Catholic Archdiocese of Boston* is hereby superseded, repealed, and abrogated. I hereby authorize the translation of *Code of Conduct of the Roman Catholic Archdiocese of Boston* and the *Code of Conduct for Volunteers of the Roman Catholic Archdiocese of Boston* into other languages, including, but not limited to, Spanish, Portuguese, French, and Vietnamese.

This Decree shall become effective at 12:01 AM on November 24, 2020.

Given at the Pastoral Center of the Archdiocese of Boston in Braintree, Massachusetts this 23rd day of November, 2020.

+ Seán P. O'Malley

Archbishop of Boston

Chancellor

Archdiocese of Boston

CODE OF CONDUCT OF THE ROMAN CATHOLIC ARCHDIOCESE OF BOSTON

The Roman Catholic Archbishop of Boston (the "Archbishop") places the highest value on the integrity and high moral standards of those associated with the work of the Church. With these principles in mind, the Archbishop, in both his canonical role and on behalf of Roman Catholic Archbishop of Boston, a Corporation Sole ("RCAB"), hereby promulgates this Code of Conduct (the "Code" or "Code of Conduct").

This Code of Conduct shall apply to all employees of RCAB and all clergy incardinated in the Archdiocese of Boston and those clergy who have received faculties to minister within the Archdiocese ("Church Personnel"). This Code shall apply to all central ministries, parishes, shrines, chapels, and parish schools. This Code shall not apply to separately incorporated organizations, including, but not limited to, Catholic Charities, independent Catholic Schools, or other Catholic organizations. However, those organizations are encouraged to adopt a Code of Conduct based upon this model.

Responsibility for adherence to the Code rests with each individual. It is required that all Church Personnel shall have read the Code carefully and understand what is expected of them in their employment/ministry with the Archdiocese of Boston.

Principles of Ethics and Integrity

As representatives of the Church and of the Archbishop, all Church Personnel must act responsibly and in a manner that will reflect favorably on the Church and the Archdiocese. Accordingly:

1. Church Personnel will, in the exercise of their responsibilities for the Archdiocese, conduct themselves in a manner that is consistent with the teachings of The Roman Catholic Church as enunciated by the Holy Father and the Bishops in communion with him; more specifically, Church Personnel shall, in all such matters, accept, rely upon and defer to the teaching authority of the Archbishop in all matters of faith and morals.

2. Church Personnel will exhibit the highest ethical standards and personal integrity.

3. Church Personnel will continually and objectively examine and evaluate their own actions and intentions to ensure that their behavior promotes the welfare and reputation of the Archdiocese.

4. Church Personnel will follow applicable federal, state and local laws and regulations, including, without limitation, mandated reporting requirements to the extent legally applicable.

5. Church Personnel will establish clear, appropriate boundaries with anyone with whom they have a ministerial, business or professional relationship.

6. Church Personnel will be responsible stewards of the resources, human and financial, of the Archdiocese, observing both canon and civil law, and making decisions concerning the disposition of resources that reflect Catholic social and moral teaching. Church Personnel must not, for any reason, exploit the trust placed in them by the faith community.

7. Church Personnel who are properly authorized to provide pastoral counseling or spiritual direction must recognize the special relationship that will necessarily evolve with such individuals seeking these pastoral services.

    - They must not develop inappropriate relationships with any individual, must always conduct themselves in a professionally supportive manner at all times, must be appropriately discrete, and must never exploit an individual for sexual or other inappropriate purposes.

    - They must respect the rights and protect the welfare of each individual, while at the same time recognizing their legal obligations to share information with others when required.

    - They must never purport to act beyond their level of competency in counseling situations and shall refer individuals to other professionals when appropriate.

    - They should always carefully consider the possible consequences before entering a counseling relationship with someone with whom they have a pre-existing relationship (e.g., employee, professional colleague, friend, or other pre-existing relationship).

    - They must never engage in sexual intimacies with any individual seeking such pastoral services, including consensual and nonconsensual contact, forced physical contact, and inappropriate sexual comments, nor should they ever engage in sexual intimacies

with individuals who are close to the individual, such as relatives or friends of the individual.

- They must assume the full burden of responsibility for establishing and maintaining clear, appropriate boundaries in all counselling and counseling-related relationships and recognize that physical contact of any kind (e.g., touching, hugging, holding) with any such individuals can be misunderstood and should be avoided.

- While respecting applicable confidentiality, sessions should be conducted in visible and accessible settings (with other persons in the building whenever feasible). Sessions should not be held at places or times that would tend to cause confusion about the nature of the relationship with the individual.

- Whenever good judgment under the circumstances dictates, they should maintain a record of the times and places of sessions with each individual.

8. They must avoid inappropriate communications with any individuals on social media or other means of electronic or video technology. *Refer to RCAB Guidelines for the Use of Social Media*

9. Church Personnel must not engage in or encourage physical, psychological, written, social media-based or verbal harassment of individuals with whom they interact and should seek to provide and preserve a professional work environment that is free from intimidation and harassment. *Refer to RCAB Sexual Harassment Policy*

    - Harassment encompasses a broad range of physical, written, social media-based, or verbal behavior, including, but not limited to: physical or mental abuse, racial insults, derogatory ethnic slurs, bullying, unwelcome sexual advances or touching, sexual comments or sexual jokes, requests for sexual favors used as a condition of employment, or to affect other personnel decisions, such as promotion or compensation, and the display of offensive materials.

    - Harassment can be a single severe incident or a persistent pattern of behavior where the purpose or the effect is to create a hostile, offensive, or intimidating work environment.

10. Church Personnel working with children and youth under age 18 and any individual over the age of 18 who habitually lacks the use of reason or is otherwise vulnerable ("Protected Individuals") must maintain an open and trustworthy relationship with them and their parents, guardians or other adults responsible for their welfare,

must be aware of their own and others' vulnerability when working alone with them and should consider a collaborative approach when working with them.

- Physical contact with Protected Individuals can be misunderstood and should occur only when completely nonsexual and otherwise appropriate under the circumstances, and never in private. One-on-one meetings with any Protected Individual are best held in a visible and accessible location, or if that is not feasible, then another Church Personnel should be notified about the meeting. While maintaining the confidentiality of sacramental confession as necessary, it is always a safe practice to have two adults in the area where Protected Individuals are present.

- Church Personnel should always refrain from a) the illegal possession and/or illegal use of drugs and/or alcohol, and b) the use of alcohol when working with Protected Individuals. Adults should never purchase or otherwise provide access to alcohol, drugs, cigarettes, or any inappropriate videos or reading material (such as pornography) to Protected Individuals.

- Other than under emergency circumstances, Church Personnel should not provide shared, private, or overnight accommodation for children and youth under the age 18 and Protected Individuals, including, but not limited to, accommodations in any Church-owned facility, private residence, hotel room, or any other place where there is no other adult supervision present, if applicable.

Violations/Reporting

Violations of this Code of Conduct should be taken seriously and should be reported to the appropriate civil and ecclesial authorities according to the policies and procedures of the Archdiocese of Boston. There shall be no retaliation for any such reporting. Church Personnel should review and know the contents of the child abuse regulations and reporting requirements for The Commonwealth of Massachusetts and should always follow those mandates. Violations reported to the Archdiocese of Boston shall be responded to in the appropriate manner and according to established policies.

Confidentiality

The following obligations regarding confidentiality are independent of, and subject at all times to, the confidentiality of the Sacrament of Confession as defined by Canon Law. Under

no circumstances whatsoever can there be any disclosure of information received solely through the Sacrament of Confession.

Information obtained during pastoral counselling or spiritual direction should be confidential, except for compelling professional reasons or as required by law. In all cases, however, sound pastoral judgment and discretion should be exercised. If there is clear and imminent danger to the individual being counselled or to others, Church Personnel may disclose only the information necessary to protect the parties affected and to prevent harm. Before disclosure is made, if feasible, Church Personnel should inform the person being counseled about the disclosure and the potential consequences.

While counseling a Protected Individual, if Church Personnel discover a reasonable cause to believe that there is a serious threat to the Protected Individual's health or welfare, including sexual abuse or neglect, or a disclosure is made indicating that the Protected Individual is being abused in any way, such Church Personnel should contact the appropriate civil and ecclesial authorities and make a report consistent with this Code of Conduct.

Church Personnel Well-being

Church Personnel have the duty to be responsible for their own spiritual, physical, mental, and emotional health. They should be aware of warning signs that indicate potential problems with their own spiritual, physical, mental, and/or emotional health, and seek help immediately whenever they notice behavioral or emotional warning signs in their own professional and/or personal lives.

Archdiocese of Boston

CODE OF CONDUCT FOR VOLUNTEERS OF THE ROMAN CATHOLIC ARCHDIOCESE OF BOSTON

The Roman Catholic Archbishop of Boston (the "Archbishop") places the highest value on the integrity and high moral standards of those who volunteer in support of the work of the Church. With these principles in mind, the Archbishop, in both his canonical role and on behalf of Roman Catholic Archbishop of Boston, a Corporation Sole ("RCAB"), hereby promulgates this Code of Conduct for Volunteers (the "Code" or "Code of Conduct").

This Code of Conduct shall apply to all volunteers ("Volunteers") who support central ministries, parishes, shrines, chapels, and/or parish schools. A "Volunteer" means an individual who performs authorized voluntary service to or for the benefit of RCAB or any department, institution, affiliate or agency thereof, without compensation, for the benefit of the Church and in aid of a recognized RCAB purpose. A Volunteer is not an employee and may be released at any time, without cause or reason, and without right of appeal. This Code shall not apply to separately incorporated organizations, including, but not limited to, Catholic Charities, independent Catholic Schools, or other Catholic organizations. However, those organizations are encouraged to adopt a Code of Conduct based upon this model.

Responsibility for adherence to the Code rests with each individual. It is required that all Volunteers shall have read the Code carefully and understand what is expected of them in their respective roles with the Archdiocese of Boston.

Principles of Ethics and Integrity

As representatives of the Church and of the Archbishop, all Volunteers must act responsibly and in a manner that will reflect favorably on the Church and the Archdiocese. Accordingly:

1. Volunteers will, in the exercise of their responsibilities for the Archdiocese, conduct themselves in a manner that is consistent with the teachings of the Roman Catholic Church as enunciated by the Holy Father and the Bishops in communion with him; more specifically, Volunteers shall, in all such matters, accept, rely upon and defer to the teaching authority of the Archbishop in all matters of faith and morals.

2. Volunteers will exhibit the highest ethical standards and personal integrity.

3. Volunteers will continually and objectively examine and evaluate their own actions and intentions to ensure that their behavior promotes the welfare and reputation of the Archdiocese.

4. Volunteers will follow applicable federal, state and local laws and regulations, including, without limitation, mandated reporting requirements to the extent legally applicable.

5. Volunteers will establish clear, appropriate boundaries with anyone with whom they have a relationship in their role as a Volunteer.

6. Volunteers will be responsible stewards of the resources, human and financial, of the Archdiocese, which are entrusted to them in their role as a Volunteer.

7. Volunteers must not engage in or encourage physical, psychological, written, social media-based or verbal harassment of individuals with whom they interact and should seek to provide and preserve a professional environment that is free from intimidation and harassment.

    - Harassment encompasses a broad range of physical, written, social media-based, or verbal behavior, including, but not limited to: physical or mental abuse, racial insults, derogatory ethnic slurs, bullying, unwelcome sexual advances or touching, sexual comments or sexual jokes, requests for sexual favors used as a condition of employment, or to affect other personnel decisions, such as promotion or compensation, and the display of offensive materials.

    - Harassment can be a single severe incident or a persistent pattern of behavior where the purpose or the effect is to create a hostile, offensive, or intimidating work environment.

8. Volunteers working with children and youth under age 18 and any individual over the age of 18 who habitually lacks the use of reason or is otherwise vulnerable ("Protected Individuals") must maintain an open and trustworthy relationship with them and their parents, guardians or other adults responsible for their welfare, must be aware of their own and others' vulnerability when working alone with them and should consider a collaborative approach when working with them.

    - Physical contact with Protected Individuals can be misunderstood and should occur only when completely nonsexual and otherwise appropriate under the circumstances, and never in private. One-on-one meetings with any Protected Individual are best held in a visible

and accessible location, or if that is not feasible, then another appropriate individual should be notified about the meeting.

- Volunteers should always refrain from a) the illegal possession and/or illegal use of drugs and/or alcohol, and b) the use of alcohol when working with Protected Individuals. Adults should never purchase or otherwise provide access to alcohol, drugs, cigarettes, or any inappropriate videos or reading material (such as pornography) to Protected Individuals.

- Other than under emergency circumstances, Volunteers should not provide shared, private, or overnight accommodation for children and youth under the age 18 and Protected Individuals, including, but not limited to, accommodations in any Church-owned facility, private residence, hotel room, or any other place where there is no other adult supervision present, if applicable.

Confidentiality

All Volunteers should be respectful of the privacy of others with whom they come in contact in their role as Volunteers. Confidentiality, where appropriate, should be honored at all times.

Volunteers Well-being

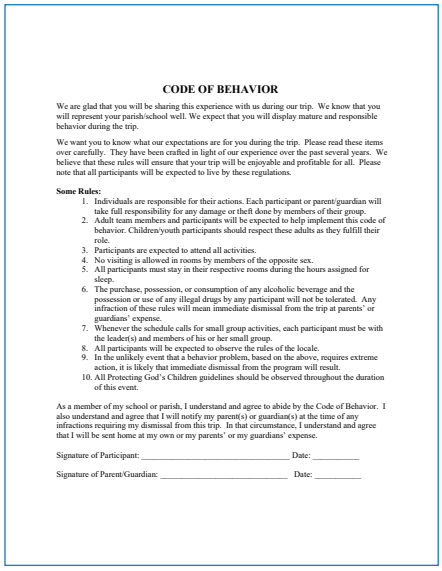
Volunteers have the duty to be responsible for their own spiritual, physical, mental, and emotional health. They should be aware of warning signs that indicate potential problems with their own spiritual, physical, mental, and/or emotional health, and seek help immediately whenever they notice behavioral or emotional warning signs in their own professional and/or personal lives.

Appendix C: Code of Conduct

Code of Behavior for Children and Youth

Use the following page to copy the Code of Behavior for Children and Youth as needed, or download a PDF of the Code of Behavior for Children and Youth by clicking here:
https://rcabrisk.org/CodeOfBehavior_ChildrenYouth_fill.pdf

This form may be copied on your parish/school letterhead.



CODE OF BEHAVIOR

We are glad that you will be sharing this experience with us during our trip. We know that you will represent your parish/school well. We expect that you will display mature and responsible behavior during the trip.

We want you to know what our expectations are for you during the trip. Please read these items over carefully. They have been crafted in light of our experience over the past several years. We believe that these rules will ensure that your trip will be enjoyable and profitable for all. Please note that all participants will be expected to live by these regulations.

Some Rules:

1. Individuals are responsible for their actions. Each participant or parent/guardian will take full responsibility for any damage or theft done by members of their group.
2. Adult team members and participants will be expected to help implement this code of behavior. Children/youth participants should respect these adults as they fulfill their role.
3. Participants are expected to attend all activities.
4. No visiting is allowed in rooms by members of the opposite sex.
5. All participants must stay in their respective rooms during the hours assigned for sleep.
6. The purchase, possession, or consumption of any alcoholic beverage and the possession or use of any illegal drugs by any participant will not be tolerated. Any infraction of these rules will mean immediate dismissal from the trip at parents' or guardians' expense.
7. Whenever the schedule calls for small group activities, each participant must be with the leader(s) and members of his or her small group.
8. All participants will be expected to observe the rules of the locale.
9. In the unlikely event that a behavior problem, based on the above, requires extreme action, it is likely that immediate dismissal from the program will result.
10. All Protecting God's Children guidelines should be observed throughout the duration of this event.

As a member of my school or parish, I understand and agree to abide by the Code of Behavior. I also understand and agree that I will notify my parent(s) or guardian(s) at the time of any infractions requiring my dismissal from this trip. In that circumstance, I understand and agree that I will be sent home at my own or my parents' or my guardians' expense.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

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CODE OF BEHAVIOR

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As a member of my school or parish, I understand and agree to abide by the Code of Behavior. I also understand and agree that I will notify my parent(s) or guardian(s) at the time of any infractions requiring my dismissal from this trip. In that circumstance, I understand and agree that I will be sent home at my own or my parents' or my guardians' expense.

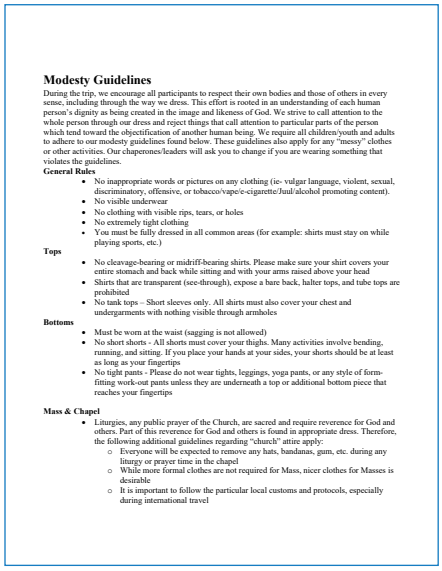
Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Appendix D: Modesty Guidelines

Use the following pages to copy the form as needed, or download a PDF of the form by clicking here:
https://rcabrisk.org/ModestyGuidelines.pdf

This form may be copied on your parish/school letterhead.



Modesty Guidelines

During the trip, we encourage all participants to respect their own bodies and those of others in every sense, including through the way we dress. This effort is rooted in an understanding of each human person's dignity as being created in the image and likeness of God. We strive to call attention to the whole person through our dress and reject things that call attention to particular parts of the person which tend toward the objectification of another human being. We require all children/youth and adults to adhere to our modesty guidelines found below. These guidelines also apply for any "messy" clothes or other activities. Our chaperones/leaders will ask you to change if you are wearing something that violates the guidelines.

General Rules

- No inappropriate words or pictures on any clothing (ie- vulgar language, violent, sexual, discriminatory, offensive, or tobacco/vape/e-cigarette/Juul/alcohol promoting content).
- No visible underwear
- No clothing with visible rips, tears, or holes
- No extremely tight clothing
- You must be fully dressed in all common areas (for example: shirts must stay on while playing sports, etc.)

Tops

- No cleavage-bearing or midriff-bearing shirts. Please make sure your shirt covers your entire stomach and back while sitting and with your arms raised above your head
- Shirts that are transparent (see-through), expose a bare back, halter tops, and tube tops are prohibited
- No tank tops – Short sleeves only. All shirts must also cover your chest and undergarments with nothing visible through armholes

Bottoms

- Must be worn at the waist (sagging is not allowed)
- No short shorts - All shorts must cover your thighs. Many activities involve bending, running, and sitting. If you place your hands at your sides, your shorts should be at least as long as your fingertips
- No tight pants - Please do not wear tights, leggings, yoga pants, or any style of form-fitting work-out pants unless they are underneath a top or additional bottom piece that reaches your fingertips

Mass & Chapel

- Liturgies, any public prayer of the Church, are sacred and require reverence for God and others. Part of this reverence for God and others is found in appropriate dress. Therefore, the following additional guidelines regarding "church" attire apply:
  - Everyone will be expected to remove any hats, bandanas, gum, etc. during any liturgy or prayer time in the chapel
  - While more formal clothes are not required for Mass, nicer clothes for Masses is desirable
  - It is important to follow the particular local customs and protocols, especially during international travel

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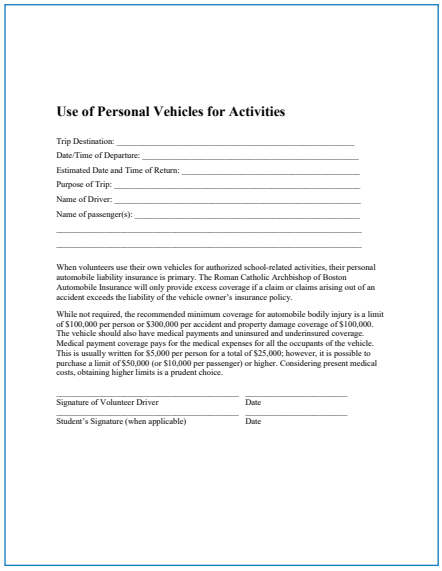
    - It is important to follow the particular local customs and protocols, especially during international travel

Appendix E:
Use of Personal Vehicles for Activities

Use the following pages to copy the form as needed, or download a PDF of the form by clicking here:
https://rcabrisk.org//UseofPersonalVehicles_fill.pdf

This form may be copied on your parish/school letterhead.



Use of Personal Vehicles for Activities

Trip Destination: _____

Date/Time of Departure: _____

Estimated Date and Time of Return: _____

Purpose of Trip: _____

Name of Driver: _____

Name of passenger(s): _____

_____

_____

When volunteers use their own vehicles for authorized school-related activities, their personal automobile liability insurance is primary. The Roman Catholic Archbishop of Boston Automobile Insurance will only provide excess coverage if a claim or claims arising out of an accident exceeds the liability of the vehicle owner's insurance policy.

While not required, the recommended minimum coverage for automobile bodily injury is a limit of $100,000 per person or $300,000 per accident and property damage coverage of $100,000. The vehicle should also have medical payments and uninsured and underinsured coverage. Medical payment coverage pays for the medical expenses for all the occupants of the vehicle. This is usually written for $5,000 per person for a total of $25,000; however, it is possible to purchase a limit of $50,000 (or $10,000 per passenger) or higher. Considering present medical costs, obtaining higher limits is a prudent choice.

_____ _____

Signature of Volunteer Driver Date

_____ _____

Student's Signature (when applicable) Date

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Use of Personal Vehicles for Activities

Trip Destination: _____

Date/Time of Departure: _____

Estimated Date and Time of Return: _____

Purpose of Trip: _____

Name of Driver: _____

Name of passenger(s): _____

_____

_____

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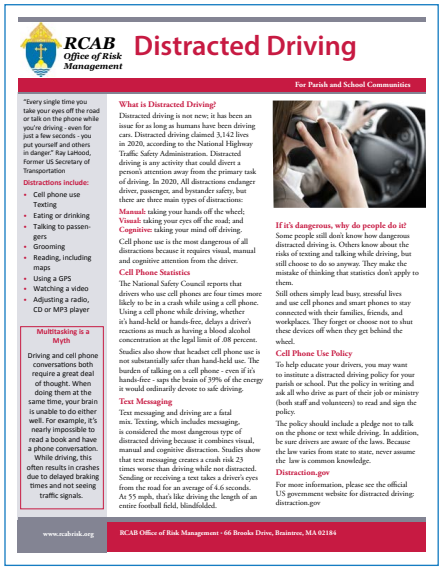
Signature of Volunteer Driver Date

_____ _____

Student's Signature (when applicable) Date

Appendix F:
Distracted Driving Fact Sheet

Use the following page to copy the Fact Sheet as needed, or download a PDF of the Fact Sheet by clicking here:
https://rcabrisk.org/wp-content/uploads/2022/09/Distracted_Driving_FS-updated-8.21.22.pdf



RCAB Office of Risk Management

Distracted Driving

For Parish and School Communities

"Every single time you take your eyes off the road or talk on the phone while you're driving - even for just a few seconds - you put yourself and others in danger." Ray LaHood, Former US Secretary of Transportation

Distractions include:

- Cell phone use
  Texting
- Eating or drinking
- Talking to passengers
- Grooming
- Reading, including maps
- Using a GPS
- Watching a video
- Adjusting a radio, CD or MP3 player

Multitasking is a Myth

Driving and cell phone conversations both require a great deal of thought. When doing them at the same time, your brain is unable to do either well. For example, it's nearly impossible to read a book and have a phone conversation. While driving, this often results in crashes due to delayed braking times and not seeing traffic signals.

What is Distracted Driving?

Distracted driving is not new; it has been an issue for as long as humans have been driving cars. Distracted driving claimed 3,142 lives in 2020, according to the National Highway Traffic Safety Administration. Distracted driving is any activity that could divert a person's attention away from the primary task of driving. In 2020, All distractions endanger driver, passenger, and bystander safety, but there are three main types of distractions:

Manual: taking your hands off the wheel;
Visual: taking your eyes off the road; and
Cognitive: taking your mind off driving.

Cell phone use is the most dangerous of all distractions because it requires visual, manual and cognitive attention from the driver.

Cell Phone Statistics

The National Safety Council reports that drivers who use cell phones are four times more likely to be in a crash while using a cell phone. Using a cell phone while driving, whether it's hand-held or hands-free, delays a driver's reactions as much as having a blood alcohol concentration at the legal limit of .08 percent.

Studies also show that headset cell phone use is not substantially safer than hand-held use. The burden of talking on a cell phone - even if it's hands-free - saps the brain of 39% of the energy it would ordinarily devote to safe driving.

Text Messaging

Text messaging and driving are a fatal mix. Texting, which includes messaging, is considered the most dangerous type of distracted driving because it combines visual, manual and cognitive distraction. Studies show that text messaging creates a crash risk 23 times worse than driving while not distracted. Sending or receiving a text takes a driver's eyes from the road for an average of 4.6 seconds. At 55 mph, that's like driving the length of an entire football field, blindfolded.

If it's dangerous, why do people do it?

Some people still don't know how dangerous distracted driving is. Others know about the risks of texting and talking while driving, but still choose to do so anyway. They make the mistake of thinking that statistics don't apply to them.

Still others simply lead busy, stressful lives and use cell phones and smart phones to stay connected with their families, friends, and workplaces. They forget or choose not to shut these devices off when they get behind the wheel.

Cell Phone Use Policy

To help educate your drivers, you may want to institute a distracted driving policy for your parish or school. Put the policy in writing and ask all who drive as part of their job or ministry (both staff and volunteers) to read and sign the policy.

The policy should include a pledge not to talk on the phone or text while driving. In addition, be sure drivers are aware of the laws. Because the law varies from state to state, never assume the law is common knowledge.

Distraction.gov

For more information, please see the official US government website for distracted driving: distraction.gov

www.rcabrisk.org

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Office of Risk Management

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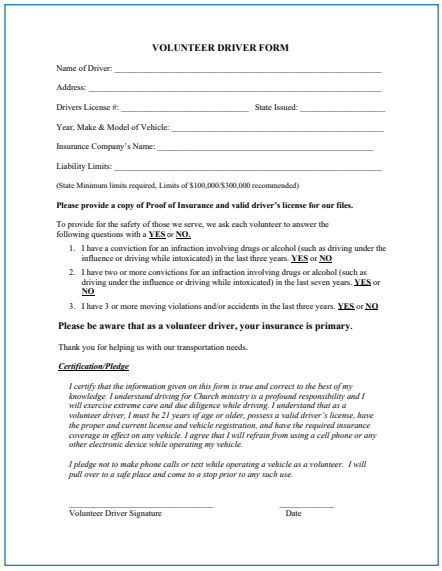
Distraction.gov

For more information, please see the official US government website for distracted driving: distraction.gov

Appendix G:
Volunteer Driver Sample Form

Use the following page to copy the form as needed, or download a PDF of the form by clicking here:
https://rcabrisk.org/Volunteer-Driver-Form_fill.pdf

This form may be copied on your parish/school letterhead.



VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(State Minimum limits required, Limits of $100,000/$300,000 recommended)

Please provide a copy of Proof of Insurance and valid driver's license for our files.

To provide for the safety of those we serve, we ask each volunteer to answer the following questions with a **YES** or **NO.**

1. I have a conviction for an infraction involving drugs or alcohol (such as driving under the influence or driving while intoxicated) in the last three years. **YES** or **NO**
2. I have 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. **YES** or **NO**
3. I have 3 or more moving violations and/or accidents in the last three years. **YES** or **NO**

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

Thank you for helping us with our transportation needs.

Certification/Pledge

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. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

I pledge not to make phone calls or text while operating a vehicle as a volunteer. I will pull over to a safe place and come to a stop prior to any such use.

_____ _____
Volunteer Driver Signature Date

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VOLUNTEER DRIVER FORM

Name of Driver: _____

Address: _____

Drivers License #: _____ State Issued: _____

Year, Make & Model of Vehicle: _____

Insurance Company's Name: _____

Liability Limits: _____

(State Minimum limits required, Limits of $100,000/$300,000 recommended)

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2. I have 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. **YES** or **NO**
3. I have 3 or more moving violations and/or accidents in the last three years. **YES** or **NO**

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

Thank you for helping us with our transportation needs.

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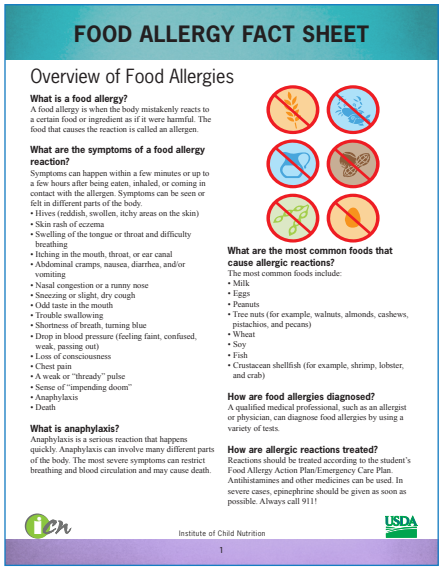
I pledge not to make phone calls or text while operating a vehicle as a volunteer. I will pull over to a safe place and come to a stop prior to any such use.

_____ _____

Volunteer Driver Signature Date

Appendix H:
Food Allergies Fact Sheet

Use the following page to copy the Fact Sheet as needed, or download a PDF of the Fact Sheet by clicking here:
https://rcabrisk.org/wp-content/uploads/2022/11/Overview-of-Food-Allergies-Fact-Sheet.pdf



FOOD ALLERGY FACT SHEET

Overview of Food Allergies

What is a food allergy?
A food allergy is when the body mistakenly reacts to a certain food or ingredient as if it were harmful. The food that causes the reaction is called an allergen.

What are the symptoms of a food allergy reaction?
Symptoms can happen within a few minutes or up to a few hours after being eaten, inhaled, or coming in contact with the allergen. Symptoms can be seen or felt in different parts of the body.
- Hives (reddish, swollen, itchy areas on the skin)
- Skin rash of eczema
- Swelling of the tongue or throat and difficulty breathing
- Itching in the mouth, throat, or ear canal
- Abdominal cramps, nausea, diarrhea, and/or vomiting
- Nasal congestion or a runny nose
- Sneezing or slight, dry cough
- Odd taste in the mouth
- Trouble swallowing
- Shortness of breath, turning blue
- Drop in blood pressure (feeling faint, confused, weak, passing out)
- Loss of consciousness
- Chest pain
- A weak or "thready" pulse
- Sense of "impending doom"
- Anaphylaxis
- Death

What is anaphylaxis?
Anaphylaxis is a serious reaction that happens quickly. Anaphylaxis can involve many different parts of the body. The most severe symptoms can restrict breathing and blood circulation and may cause death.

What are the most common foods that cause allergic reactions?
The most common foods include:
- Milk
- Eggs
- Peanuts
- Tree nuts (for example, walnuts, almonds, cashews, pistachios, and pecans)
- Wheat
- Soy
- Fish
- Crustacean shellfish (for example, shrimp, lobster, and crab)

How are food allergies diagnosed?
A qualified medical professional, such as an allergist or physician, can diagnose food allergies by using a variety of tests.

How are allergic reactions treated?
Reactions should be treated according to the student's Food Allergy Action Plan/Emergency Care Plan. Antihistamines and other medicines can be used. In severe cases, epinephrine should be given as soon as possible. Always call 911!

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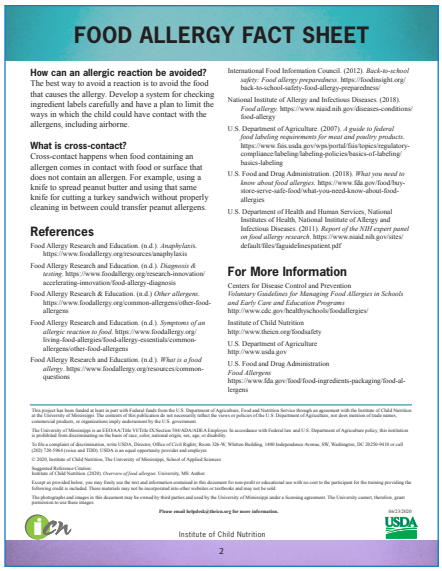

FOOD ALLERGY FACT SHEET

How can an allergic reaction be avoided?
The best way to avoid a reaction is to avoid the food that causes the allergy. Develop a system for checking ingredient labels carefully and have a plan to limit the ways in which the child could have contact with the allergens, including airborne.

What is cross-contact?
Cross-contact happens when food containing an allergen comes in contact with food or surface that does not contain an allergen. For example, using a knife to spread peanut butter and using that same knife for cutting a turkey sandwich without properly cleaning in between could transfer peanut allergens.

References

Food Allergy Research and Education. (n.d.). *Anaphylaxis.* https://www.foodallergy.org/resources/anaphylaxis

Food Allergy Research and Education. (n.d.). *Diagnosis & testing.* https://www.foodallergy.org/research-innovation/accelerating-innovation/food-allergy-diagnosis

Food Allergy Research & Education. (n.d.) *Other allergens.* https://www.foodallergy.org/common-allergens/other-food-allergens

Food Allergy Research and Education. (n.d.). *Symptoms of an allergic reaction to food.* https://www.foodallergy.org/living-food-allergies/food-allergy-essentials/common-allergens/other-food-allergens

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U.S. Food and Drug Administration. (2018). *What you need to know about food allergies.* https://www.fda.gov/food/buy-store-serve-safe-food/what-you-need-know-about-food-allergies

U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases. (2011). *Report of the NIH expert panel on food allergy research.* https://www.niaid.nih.gov/sites/default/files/faguidelinesupdate.pdf

For More Information

Centers for Disease Control and Prevention
Voluntary Guidelines for Managing Food Allergies in Schools and Early Care and Education Programs
http://www.cdc.gov/healthyschools/foodallergies/

Institute of Child Nutrition
http://www.theicn.org/foodsafety

U.S. Department of Agriculture
http://www.usda.gov

U.S. Food and Drug Administration
Food Allergens
https://www.fda.gov/food/food-ingredients-packaging/food-allergens

This project has been funded at least in part with Federal funds from the U.S. Department of Agriculture, Food and Nutrition Service through an agreement with the Institute of Child Nutrition at the University of Mississippi. The contents of this publication do not necessarily reflect the views or policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.

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Institute of Child Nutrition. (2020). *Overview of food allergens.* University, MS: Author.

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FOOD ALLERGY FACT SHEET

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- Swelling of the tongue or throat and difficulty breathing
- Itching in the mouth, throat, or ear canal
- Abdominal cramps, nausea, diarrhea, and/or vomiting
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- Sneezing or slight, dry cough
- Odd taste in the mouth
- Trouble swallowing
- Shortness of breath, turning blue
- Drop in blood pressure (feeling faint, confused, weak, passing out)
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- A weak or "thready" pulse
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- Death

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06/23/2020

Appendix I:
Sample Emergency Action Plan

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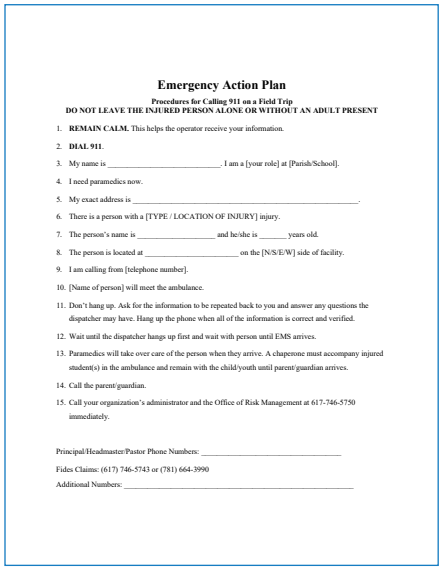
This form may be copied on your parish/school letterhead.



Emergency Action Plan

Procedures for Calling 911 on a Field Trip
DO NOT LEAVE THE INJURED PERSON ALONE OR WITHOUT AN ADULT PRESENT

1. **REMAIN CALM.** This helps the operator receive your information.
2. **DIAL 911.**
3. My name is _____. I am a [your role] at [Parish/School].
4. I need paramedics now.
5. My exact address is _____.
6. There is a person with a [TYPE / LOCATION OF INJURY] injury.
7. The person's name is _____ and he/she is _____ years old.
8. The person is located at _____ on the [N/S/E/W] side of facility.
9. I am calling from [telephone number].
10. [Name of person] will meet the ambulance.
11. Don't hang up. Ask for the information to be repeated back to you and answer any questions the dispatcher may have. Hang up the phone when all of the information is correct and verified.
12. Wait until the dispatcher hangs up first and wait with person until EMS arrives.
13. Paramedics will take over care of the person when they arrive. A chaperone must accompany injured student(s) in the ambulance and remain with the child/youth until parent/guardian arrives.
14. Call the parent/guardian.
15. Call your organization's administrator and the Office of Risk Management at 617-746-5750 immediately.

Principal/Headmaster/Pastor Phone Numbers: _____

Fides Claims: (617) 746-5743 or (781) 664-3990

Additional Numbers: _____

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Emergency Action Plan

Procedures for Calling 911 on a Field Trip
DO NOT LEAVE THE INJURED PERSON ALONE OR WITHOUT AN ADULT PRESENT

1. **REMAIN CALM.** This helps the operator receive your information.
2. **DIAL 911**.
3. My name is _____. I am a [your role] at [Parish/School].
4. I need paramedics now.
5. My exact address is _____.
6. There is a person with a [TYPE / LOCATION OF INJURY] injury.
7. The person's name is _____ and he/she is _____ years old.
8. The person is located at _____ on the [N/S/E/W] side of facility.
9. I am calling from [telephone number].
10. [Name of person] will meet the ambulance.
11. Don't hang up. Ask for the information to be repeated back to you and answer any questions the dispatcher may have. Hang up the phone when all of the information is correct and verified.
12. Wait until the dispatcher hangs up first and wait with person until EMS arrives.
13. Paramedics will take over care of the person when they arrive. A chaperone must accompany injured student(s) in the ambulance and remain with the child/youth until parent/guardian arrives.
14. Call the parent/guardian.
15. Call your organization's administrator and the Office of Risk Management at 617-746-5750 immediately.

Principal/Headmaster/Pastor Phone Numbers: _____

Fides Claims: (617) 746-5743 or (781) 664-3990

Additional Numbers: _____