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INSURANCE

Adventurer clubs in the Southeastern California Conference may be covered by as many as four kinds of insurance; Adventurer Accident, “On and Off Premises”, Liability, and Worker’s Compensation.

1. Adventurer Accident – every Adventurer club in Southeastern is required to participate in the Conference group accident policy. Without this insurance, Adventurer clubs may not attend county or conference events. The premium must be paid for EVERY member and leader/staff, even if the member or leader/staff has other insurance. This is the basic policy that pays for medical expenses arising from an accident on an Adventurer activity or while traveling to or from such an activity. (See the other papers in this section for details of coverage.)

General Information

- A. Coverage is for twelve (12) months –September 1 to August 31.
- B. Submit ten (10) days after registration, whether in September or during the year, a completed Adventurer Registration/Insurance Form must be onfile with the local club for each Adventurer and staff member enrolled. This form must be completed for every member of your club in order to cover them with insurance.
- C. Cost Insurance payment is included in the \$10.00 Registration/Insurance fee required on the application.
- D. Who must register. You should register and pay for everyone associated with Adventurers on a regular basis: members, directors, deputy directors, treasurers, counselors, instructors, etc.
- E. One policy covers all Adventurers in the conference. The policy is held in the files of the Southeastern California Conference Insurance Department.
- F. If you have an accident please complete an accident form and send it to the Conference Insurance Department immediately. Call the Insurance department, (951) 509-2232, for further questions or concerns.
- G. NO CLUB will be allowed to participate in a conference event unless it is covered by the conference accident policy.

In addition to the above policy for Adventurers, all Seventh-day Adventist church functions are covered by the following policies:

2. On and Off Premises – this is actually almost identical to the Adventurer policy except that IT SPECIFICALLY EXCLUDES ADVENTURER FUNCTIONS. It covers those participating in a church sponsored event. Contact your pastor and the conference insurance office in the event of a loss. This policy is subject to a deductible on each claim, and is excess over any other applicable insurance.
3. Liability – if the church, or one of its representatives, including an Adventurer Leader, is sued for negligence and ordered to pay damages, this policy is designed to pay the loss and legal fees up to a certain limit with certain restrictions. Please contact the conference insurance department as soon as anything occurs that could possibly lead to a lawsuit.

4. Worker's Compensation – this policy covers medical expenses for accidents involving a paid or volunteer worker for the Seventh-day Adventist Church. It covers Adventurer coordinators and certain others who are helping with Adventurers, but are not part of a local club.

WHY THE ADVENTURER INSURANCE IS MANDATORY

If you find some parents who wonder why they should be required to pay for Adventurer insurance you might find some of OUR reasons helpful:

1. It protects the child – many medical institutions require proof of insurance before administering medical diagnosis or treatment. The following page may be copied and used as proof of coverage and should be taken on all outings. Without this it would be necessary for each Adventurer to bring proof of insurance to each function in order to obtain immediate care.
2. It protects the parent -
 - A. Parents don't have to try to collect from their insurance company. (Parents would have to get proper forms filled out by attending physician and supervisors.)
 - B. Many personal or employee medical/accident policies exclude activities organized by established institutions such as youth organizations. Parents could pay thousands out of their own pockets.
 - C. Won't jeopardize parent's insurance or lower rates.
3. It protects the church, club, and staff from anger and lawsuits -
 - A. When a child is injured on an organized activity the natural reaction of any parent is to blame the directors for poor supervision or bad judgement. The parents usually feel since it happened under your care, you pay the bill. It is very nice at that heated moment to be able to say, "Don't worry, Adventurer insurance will pay for the medical expenses."
 - B. For some strange reason it seems that when the insurance is optional, the one who has an accident doesn't have insurance. It is impossible for a director to know for sure who does and who doesn't personally carry accident coverage.
 - C. Uninsured parents probably don't have the money to pay for even a minor accident. A major accident could wipe a family out financially. With no personal insurance and no Adventurer insurance and no large bank account the only recourse is to sue, no matter how flimsy the cause.

For the above reasons, the conference officers and the Youth Ministries Conference Adventurer Council have decided that the low yearly cost for Pathfinder insurance justifies making it mandatory.

At times parents, who are not staff or leaders, volunteer to assist or participate in events or activities and do not want or need to pay for Adventurer insurance. In this case, the following waiver should be signed to cover liability on you and the church.

SECC ADVENTURER OUTING
Participating Parent Insurance Waiver

I will be voluntarily participating in the following SECC Adventurer outing:

(event/outing, date, and brief description)

I understand that there is Adventurer insurance coverage. I voluntarily opt out of the coverage. I understand there will be no SECC provided coverage for me in the event of an accident or injury.

Print First & Last Name

Signature

Date



Pathfinders Insurance

ACE Accident and Sickness Medical Claim Form

Adventist Risk Management, Inc.
12501 Old Columbia Pike - Silver Spring, MD 20904
PHONE: 1 (888) 951-4ARM (4276) | FAX: (301) 453-7060
EMAIL: claims@adventistrisk.org

How to File a Claim

1. Complete sections A, B, D, and E on the attached claim form.
 - Please complete a new claim form for each new incident (i.e. cold, broken arm, etc.).
2. Attach the following documents:
 - All medical bills and receipts relating to the incident.
3. Send the completed and signed (there are two places to sign) claim form and all required documents to:

Adventist Risk Management, Inc.
Claims and Legal Services
12501 Old Columbia Pike, Silver Spring, MD
20904 Email: claims@adventistrisk.org
Phone: 1 (888) 951-4ARM (4276)
Fax: (301) 453-7060

4. Retain a copy for your records.

This is not comprehensive health insurance. Please familiarize yourself with the summary of benefits provided by the Adventist Volunteer Services Office. There are provisions, limitations, and exclusions in the policy. ACE Insurance Company makes the final determination on payment or denial of all claims.

A CLAIM ADJUSTER WILL CONTACT YOU IF ADDITIONAL INFORMATION OR DOCUMENTATION IS REQUIRED.

Accident & Sickness Medical Claim Form

Please mail completed Claim Form with itemized bills and receipts to:

(To expedite your claim, please fax it with readable receipts.)

Claims & Legal Services
Adventist Risk Management
12501 Old Columbia Pike
Silver Spring, MD 20904

Phone: (301) 453-7400 | 1-888-951-4ARM (4276)

Fax: (301) 453-7060

E-mail: claims@adventistrisk.org

Please complete Sections A, B and C. Complete Section D if the claim is for a dependent, other coverage is in effect, or if the claim is accident related. Complete a separate Claim Form for each individual. Attach bills and/ or receipts and return to the address listed above. Please note that you may scan and email or fax claims.

SECTION A INSURED / PATIENT INFORMATION

Name of Group		Policy Number	
Insured's Name		Insured's Date of Birth	
Patient's Name		Patient's Date of Birth	
Home Address			
Please provide telephone and facsimile numbers, with country and city codes.			
Home Phone Number	Work Phone Number	Fax Number	E-mail Address
Manager's Name	Work Phone Number	Fax Number	E-mail Address

SECTION B TRAVEL INFORMATION Please complete this section

My Business location is in (country of employment)	
I / we left the above country on (Day / Month / Year)	
I / we visited the following countries	
I / we are expected to return home on (Day / Month / Year)	
The purpose of my / our trip was	

SECTION C PAYMENT INFORMATION Please complete Option #1, #2 or #3

<input type="checkbox"/> OPTION #1 - Payment to INSURED Please indicate where you wish the payment to be sent and in what currency. <input type="checkbox"/> Your home address as listed above <input type="checkbox"/> Direct deposit to your bank account	
Name on account:	Account #:
Bank Name:	Swift Code:
Bank Address:	Currency:
IBAN:	
<input type="checkbox"/> OPTION #2 - Payment to a Provider, e.g. hospital, physician Please complete Provider's name and address in Section E of this Claim Form	
<input type="checkbox"/> OPTION #3 - Payment to the Employer	
Employer's Name:	

Employer's Address:

Payment Authorization: I authorize payment directly to me, my employer or to the healthcare provider in Section E of this Claim Form.

INSURED'S
SIGNATURE _____

DATE _____

Patient's Signature and Release (Parent or Guardian, if claim is for a minor), I certify, to the best of my knowledge, that this Claim Form does not contain any false, misleading, or incomplete information. I authorize the release of all records or other information which may be necessary to determine claim payment.

PATIENT'S
SIGNATURE _____

DATE _____

SECTION D OTHER COVERAGE INFORMATION Complete only if the claim is for a dependent and/or other coverage is in effect or if the claim is accident or work related.	
Do you have any other insurance? If yes, please provide source of insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is this claim accident related? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this claim worked related? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide documents relating to accident or work injury.	
If claim is due to an accident, are you seeking reimbursement from another source? If yes, please provide source of insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's name	Spouse's insurance company
Spouse's employer and telephone #	
Dependent's date of birth	Is your dependent a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide documentation of current academic registration.

SECTION E PHYSICIAN OR PROVIDER Please complete this section.			
Name of physician or provider of service			
Address			
Telephone #			
Diagnosis or nature of illness or injury			
Date of illness (first symptom) or injury		Date first consulted for this condition	
Hospital confinement dates: From To		Date able to return to work	
Total disability dates: From To		Partial disability dates: From To	
Patient's account #		Amount paid	Balance due
Place of service		Diagnosis code and description	
Date of Service	Procedure code and description/ Predetermination of benefits	Charges	Total charges

AUTHORIZATION and ASSIGNMENT OF BENEFITS

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, Insurance support organization, governmental agency, group policyholder, Insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original.

- I agree that a photographic copy of this Authorization shall be a valid as the original.
- I understand that I or my authorized representative may request a copy of this authorization.
- I understand that I or my authorized representative may revoke this authorization at any time by providing the insurance company with written notification as to my intent to revoke.

Signature of Insured or Authorized Representative	Relationship, If Other Than Insured	Dated
---	-------------------------------------	-------

Address:

Fraud Warning: Certain states require specific state mandated fraud language to be included on all claims forms while other states use a generalized fraud stated. ACE USA Accident & Health has adopted the fraud warning language prescribed by the District of Columbia as its standard fraud statement. Unless otherwise noted below this statement shall be included on all claims forms, applications and enrollment forms.

District of Columbia Generic Warning:

It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

The following states have required us to use state specific language as follows:

California

For your protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages.

Florida

Any person who knowingly and with intent in injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

New York

Any person who knowingly and with to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes ant claim for the process of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Maryland/Oregon

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Virginia

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer submits an application or files a claim containing a false or deceptive statement may have violated state law.

ADVENTURER ACCIDENT PLAN

The Southeastern California Conference Self-Insurance Fund provides primary coverage for accidental injury up to \$10,000 for medical expenses incurred while participating in activities which are authorized and under the supervision of the Pathfinder or Adventurer Club. If within 180 days from the accident, loss of life or dismemberment occurs, we will pay the sum of \$2,500. Injury to sound natural teeth are covered up to a maximum of \$250 per tooth.

The following are NOT COVERED under this fund:

Injury:

1. arising from air travel, except as a fare-paying passenger on a scheduled commercial airline;
2. arising out of the racing of any motorized vehicle;
3. sustained while under the influence of drugs or any other controlled substance, other than legally prescribed medications;
4. arising from war, insurrection or riot;
5. arising as a result of practice or play of any organized athletic league sports, or travel to or from such contests or practice;
6. arising out of intentional self-inflicted injury, including suicide or attempted suicide;
7. resulting from operation of any two or three-wheeled motorized vehicle;
8. requiring repair or replacement of eyeglasses or contact lenses except with respect to sudden and accidental injury to the eye;
9. requiring eye examinations, except with respect to sudden and accidental injury to the eye;
10. caused by aggravation of a pre-existing injury or chronic condition for which there is continuing treatment at the time of the accident.

Treatment for any bodily injury must commence within ninety (90) days from the date for the accident and reimbursement for medical expenses will be limited to those incurred within fifty-two (52) weeks from the date of the accident.

Dental work which cannot be completed within the 52 week limitation because of the person's age, will be settled on the basis of current costs for such work, subject to the coverage limitations.

Notice of claim should be sent within ninety (90) days of the accident to Southeastern California Conference by completion of the appropriate claim form.

PARTICIPATION CONSENT RELEASE & ASSUMPTION OF RISK AGREEMENT

In these days of lawsuits, Participation Consent Release & Assumption of Risk Agreement is a necessity on every outing. The basic idea of the form is that it gives parental authorization for a Adventurer to participate in an outing and a doctor to treat a minor. It also provides information on where the parents and family doctor can be located. The forms are available free at the Youth Ministries Department.

The form provides protection for the doctor, the child, and the club director.

1. THE DOCTOR - A doctor who would give medical assistance to a child without the knowledge of the parents would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent release form may be enough to persuade a doctor that the parents are unlikely to sue. Many Adventurers have been given medical aid at a remote hospital or doctor's office after the Adventurer leader produced a release form. Other times the form has not helped at all.
2. THE CHILD - Leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form would severely reduce that chance.
3. THE DIRECTOR - If a child is injured and is not able to get proper medical care because the director did not bother to require consent release forms, that director would certainly be a handy target for a liability suit.

It is mandatory that a Participation Consent Release & Assumption of Risk Agreement form be completed for each Adventurer on every outing. Clubs can attach a list to the form of all the events/outings, dates and places for the year and have the parent/guardian sign it. This is for your protection as well as for the protection of your child. These forms must be in the clubs possession at any outing or event. We also recommend that copies be given to the drivers for any outing. Originals should always remain with the director.

The medical and patient identifiable information on these consent release forms is protected under HIPPA. This information should only be shared with the staff that have a need to know this information. Staff must be careful not to just leave these forms lying around unprotected.

Child's Name: _____
 Trip to: _____
 Trip date: _____
 Departure Time: _____ arrives Return Time: _____ arrives
 Transportation: _____
 School/Church: _____
 Cost: _____

I understand that the aforementioned trip will include participation in the following activities: _____
 While every reasonable step will be taken to ensure these activities are as safe as possible, I understand that there are inherent risks associated with these activities which may result in serious injury or death. I consent for my child to participate in these activities and assume full responsibility for the inherent risks which exist.
 I also agree to indemnify and hold harmless the sponsoring Institute, Southeastern California Conference of Seventh-day Adventists and sponsors from liability arising from accident or injury occurring during this trip. This specifically includes injury arising from negligence on the part of those mentioned above. This recognizes a shared responsibility among church, student and home. This does not include gross negligence on the part of those mentioned above. This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.
 I further understand that it is not mandatory for my child to participate in all of the activities planned for this trip provided I specify below what restrictions if any I request be placed on my child for purposes of participation in this trip activities.

MEDICAL RESTRICTIONS & ALLOWANCES

Child's Birthdate: _____ Date of last physical exam: _____ Date of last Tetanus Toxoid Booster: _____
 Physician Name: _____ Physician Phone: _____
 Medical Insurance Carrier: _____ Policy number Group #: _____

Does your child have any of the following conditions? (Please circle Yes or No)

Asthma	Yes	No	If yes, explain how to treat: _____
Hearl Problems	Yes	No	If yes, explain how to treat: _____
Allergies	Yes	No	If yes, explain how to treat: _____
Respiratory Problems	Yes	No	If yes, explain how to treat: _____
Other: _____	Yes	No	If yes, explain how to treat: _____

Note: children needing special attention medications must have a doctor's note for them and must be handed in before departure.

Note: children should have an extra inhaler if traveling to high altitude. They sometimes lose the first one.

Check non-prescription medications we have permission to give your child for the purpose of this trip. Check signifies approval.

- | | |
|---|--|
| <input type="checkbox"/> Neosporin -Antibiotic ointment (For preventing infection of cuts) | <input type="checkbox"/> Benadryl Tabs (Allergic reactions) |
| <input type="checkbox"/> Tylenol or other generic for Acetaminophen (For headaches or temperatures) | <input type="checkbox"/> Robitussin or other cough syrup |
| <input type="checkbox"/> Dramamine (motion sickness) | <input type="checkbox"/> Halls Throat Lozenges (For sore throat or coughs) |
| <input type="checkbox"/> Ibuprofen -Advil/Motrin- (For relief of achepain from cramps and muscular aches) | <input type="checkbox"/> Imodium or other (For diarrhea) |
| <input type="checkbox"/> Sudafed -antihistamine- (For congestion, nasal, or chest) | <input type="checkbox"/> Tums/ Rolaids (For indigestion) |
| <input type="checkbox"/> Benadryl Lotion (For skin rash, insect bites) | <input type="checkbox"/> Chloraseptic Spray (For sore throat) |
| | <input type="checkbox"/> Milk of Magnesia (For constipation) |
| | <input type="checkbox"/> Other _____ |

Did any medical restrictions not listed above: _____

Allergies to drugs or foods: _____

Please describe any prescription medication(s) your child is currently taking: _____

EMERGENCY CONTACT INFORMATION

Telephone numbers where parent(s)/guardian may be reached:

Mother's Name: _____ Daytime Phone: _____ Evening Phone: _____
 Father's Name: _____ Daytime Phone: _____ Evening Phone: _____

Alternate Emergency Contact (in the event parent/guardian cannot be reached):

Name: _____ Daytime Phone: _____ Evening Phone: _____

I, the undersigned parent/legal guardian, having legal custody of the above named minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which is the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the CMC Code of California.

Parent Signature _____

Date _____



YOUTH SUPERVISION GUIDELINES

How many staff members you have supervising activities depends both on the level of risk involved with the activity and the needs of the children. Special needs children, high-energy children and younger children require more supervision.

The key is to consider each activity, outing, or field trip and provide the best-qualified personnel possible, in ample numbers, to maintain the security of youth and to keep youth safe. The number one priority in child supervision is to "never let children out of one's sight." Claims files are filled with tragic stories of injuries that happened when children were left unsupervised.



QUALITY IS ESSENTIAL

Provide a minimum of two qualified supervisors for each situation.

Provide a minimum of two qualified

supervisors (those with specific knowledge of the particular activity, including training, certification, degrees, etc.) Depending on the activity—museum visit, swimming, hiking, etc.—qualifications and numbers will vary.



Give supervision 100 percent

Periods of supervisory responsibility are not a time for grading papers, making personal phone calls, conversing with associates, participating in the activity or performing other activities that may distract from the actual task of supervision.

The benefit of having two supervisors means an authorized supervisor is always present. In the event of an emergency, someone may need to go for help while the other supervisor remains behind to watch the children in their care. In addition, supervision in numbers helps to prevent child abuse or accusations of child abuse. Where programs include youth that are physically or mentally challenged, additional supervision will be required.

Variables that increase the need for more supervision are:

- **Environmental Hazards:** geographic features such as bodies of water that children may fall in, strong currents in areas where youth are swimming, wooded areas where children may become lost, etc.
- **Experience and Qualifications of Staff Members:** maturity and judgment, experience and knowledge, training, etc.
- **Skill Level of Children:** age, number of persons, physical condition, disabilities, etc.
- **How Much Risk the Activity Involves:** ARM recommends that hazardous-risk activities, such as mountain climbing, require one adult for each 4 children. A high-risk activity, such as a field trip, requires one adult for each 8 children, while a low-risk activity, such as sitting in class, would require one adult for each 12 children.

RECOMMENDED STAFF TO CHILD RATIOS



How many staff members you have supervising activities depends both on the level of risk involved with the activity and the needs of the children.



Water sports and swimming need additional supervision and safety measures. Make sure a lifeguard is on duty when your pool is open. The American Lifeguard Association (ALA) recommends having a minimum of two lifeguards on duty at all times. If the swimming pool population reaches 50 swimmers, the ALA suggests a lifeguard should be added for every additional 25 persons as a minimum standard, and every lifeguard chair should be occupied whenever the swimming pool is open.

Some children require more supervision than others and require staff or volunteers that have more skill in child supervision. Children who require more attention take time away from other children. More supervision will be needed in these instances.



Adventist Risk Management,® Inc. cares about keeping the children, students and campers in your ministry safe. See more child protection resources on our website at AdventistRisk.org.

REPORT YOUR CLAIM RIGHT AWAY

1.888.951.4276 • CLAIMS@ADVENTISTRISK.ORG

STAY INFORMED

ADVENTISTRISK.ORG/SOLUTIONS



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Field Trips and Outings

Most injuries and losses that occur during field trips and outings can be traced to two areas; the planning and preparation phase or supervision and instruction. The magnitude of the injuries or losses naturally depends on the incident itself, but an additional factor is the management of the incident after the injury or loss has occurred.

Planning and Preparation

Reasonable planning and preparation can avoid most problems. Adventist Risk Management has developed a tool to assist in this area. It is the Field Trip/Outing Planner, included on the next page. Remember, this is merely a tool. It is still up to you to make reasonable decisions. You should refer to other portions of this Safety Officer Manual for additional guidance. Feel free to call the Southeastern California Conference (SECC) Risk Management Department or Adventist Risk Management for specific questions.

Some helpful forms have been included in this Safety Officer Manual, e.g., Drivers Questionnaires (for MVRs), Vehicle Information Sheet, Trip Permission Slip with Medical Consent section, Transportation information for volunteer vehicles. These forms are contained in the packet under the "Forms" tab of this Manual.

Please note a few MAJOR points while planning a field trip or outing:

1. Anyone driving a van designated for 15 or more passengers for a church or school activity, must have a commercial drivers license. It does not matter if there are only 6 passengers.
2. If you are traveling out of the country, the trip supervisor MUST obtain special written permission from the parents/guardians to transport minors out of and into the U.S. The signature(s) of the parents/guardian must be notarized/ This includes Canada and Mexico.
3. If you are traveling to Mexico, be sure you obtain auto liability insurance from a company licensed in Mexico. This may be arranged near the border, or through AAA. In addition, you should arrange for excess coverage. Contact the SECC Risk Management Department.
4. Determine whether additional insurance coverage is advisable. These may include Short-term Travel, Miscellaneous Accident and Volunteer Labor coverage's.
5. Screening and selection of vehicles, volunteers and drivers are extremely important. Please review the sections in this Manual.
6. An Authorization for Medical Treatment and Parental Permission form must be completed for every minor on a field trip or outing.

Management of situations involving injuries and losses

Planning and preparation can only reduce the risk of injury or loss, so accidents will happen. However preparation can also reduce the severity of an injury or loss. In addition, how the situation is managed can also have a significant effect. It is important that the "Emergency Planning" section of the Field Trip/Outing Planner be carefully considered and utilized.

It is also very important and helpful to have claim forms available. They can act as a checklist for information needed to initiate a claim, and can expedite access to insurance coverage for those who might be injured or who suffer of loss.

Mission construction trips present special challenges and problems. Please call the SECC Risk Management Department when planning such a trip.



WORKSHEET

Trip/Off-site Activity Planning Checklist

TRIP START DATE: _____ TRIP END DATE: _____

CLASS/ORGANIZATION _____ NUMBER OF ATTENDEES _____

(3rd Grade, Pathfinders, Sabbath School Class, etc.)

OUTING/DESTINATION _____

(Example: Museum, Sea World, Zoo, Yosemite National Park, London, etc.)

PLANNED ACTIVITIES _____

(List all planned activities: Museum Study, Concert, Camping, Day Hike, Rock Climbing, Bicycling, etc.)

Transportation	One or more	Notes/Details
----------------	-------------	---------------

Public Transportation

☐ Bus
 ☐ Train
 ☐ Airline

OTHER _____

Rental Vehicle(s)

☐ Car
 ☐ Van
 ☐ Bus

OTHER _____

Private (Non-owned) Vehicle (Driver's Insurance Primary)

☐ Licensed Driver
 ☐ Driving Record Checked

☐ Insurance Verified

NOTE:		Notes/Details
<input type="checkbox"/>	Texting/Cellphone use Prohibited while driving	
<input type="checkbox"/>	Riding in the Back of Open Vehicles is Prohibited (Pickup Trucks, Trailers, Flat Beds, etc.)	
<input type="checkbox"/>	All Vehicles must have proper Insurance coverage for out of country travel as may be required by law	

NOTE: A "NO" response may indicate a need for additional safety/risk management measures.	Yes	No	N/A	Notes/Details
Qualified Drivers (Good driving record, Age 21+, valid and current license per type of vehicle, etc...)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Two Adults in all vehicles for driving and supervision	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Required Seat Belt Use and Load Capacity limits	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Follow-up Vehicles w/Flashing Warning Lights are used on highway events (Bike, Walkathons, Hayrides etc.)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Vehicles are Well Maintained in Safe Condition	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
All Vehicles have completed a pre-trip/daily Safety Inspection Checklist: See Attached Checklist	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	



Trip/Off-site Activity Planning Checklist

Administrative	Yes	No	N/A	Notes/Details
Parental/Guardian Permission Slips (Under Age 18)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Medical Release Forms (All children under Age 18)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Assumption of Risk Forms (All adults over Age 18)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Activity/Site Approval by Proper Authorities (State, County, City, Fire Marshal, Park Service, etc.)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Trip Information Summary with contact information given to all Parents/Guardians	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Certificates of Insurance Obtained as Needed	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	
Accident Medical Insurance:	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Miscellaneous Accident	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Volunteer Labor Construction	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
Short Term Travel Insurance	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	
Global Governmental Traveler's Advisory Checked (http://www.nationsonline.org/oneworld/travel_warning.htm)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	

NOTE: A "NO" response may indicate a need for additional safety/risk management measures.	Yes	No	N/A	Notes/Details
Adequate Number of Adult Supervision (Minimum of two required – Additional supervision based on risk)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Supervision Qualified for type of Activity	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
First Aid Trained adults with group	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	

☐ Current CPR
 ☐ Lifeguard Certification

EMERGENCY PLANNING (NOTE: In many regions, weather conditions can change dramatically in a short period of time – clear and warm to blizzard, cool to extreme heat. Check weather advisories and always plan for any potential weather extremes for the area visited.)				
Emergency Plan provided for the Activity	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Cellular Telephones	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Portable Two-way Radios	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Citizen Band and/or Marine Radio	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	



Trip/Off-site Activity Planning Checklist

EMERGENCY PLANNING	Yes	No	N/A	Notes/Details
AM/FM or Weather Band Radio	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Emergency Contact List for all Participants	<input type="radio"/>	<input type="checkbox"/>	<input type="radio"/>	
Emergency Shelter Equipment & Supplies	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Emergency Water & Food Supplies	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Wool or Space Blankets	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Extra Warm Clothing	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
First Aid Kit & Safety Equipment	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	

ACTIVITY SAFETY	Yes	No	N/A	Notes/Details
Safety Equipment Available for All Participants (Life Jackets, Safety Gear, Helmets, Knee and Elbow Pads, etc.)	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Safety Equipment Required for All Participants	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Safety Equipment Checked Prior to Trip	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
Safety Equipment Inspected Before Each Use	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
All Work Projects Adhere to OSHA and International Safety Standards or Laws	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	
All Child Labor Laws Observed	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>	

Additional Comments

Requested by:		Date:	
Title:			



Personal Vehicle Usage Guidelines

Adventist Risk Management does not recommend the use of non-owned autos on approved events. If non-owned vehicles are used, however, adhere to the following guidelines:

Adventist Risk Management's auto insurance policy provides coverage for non-owned vehicles on an excess basis. It is designed to protect the organization, not the vehicle owner. In the event of an accident, the vehicle owner must go to his/her insurance company first.

- Make sure drivers understand that their personal auto insurance is "primary".
- Refer to the North American Division Working Policy, section P 50 26 *Vehicle Insurance* and Section X 30 *Automobile Policy*.
- Must be at least 21 years old.
- Copy of the Drivers License.
- Employees and volunteers who use personal vehicles on an *infrequent* basis must carry a minimum of \$100,000 per person/\$300,000 per occurrence limits of liability. (See Section X 30 20 3.a for *regular use* insurance requirements.)
- Copy of the driver's proof of insurance (insurance card).
- Do not allow a person with a poor driving record (at-fault accidents, moving violations) to operate a vehicle on behalf of the church.
- Make sure the owner understands that his insurance is responsible for any damage done by the vehicle or to the vehicle.
- If someone other than the owner will be driving the vehicle, obtain information on the owner's insurance (company name, policy number, and policy term) and give this information to the person who will be driving the vehicle. The driver will need this information if an accident occurs.
- Verify that the vehicle is in good working order.
- Agree with the owner or driver on who will be responsible for any comprehensive or collision deductibles that might apply to damage done to the *borrowed* vehicle.
- Do not overload vehicles.
- Require occupants to wear seatbelts.
- For long trips, ensure that there are sufficient drivers so that no one is required to drive more than three hours at a stretch.

Every insurance policy contains limits, conditions, and exclusions. Read the policy carefully, because it may not respond to all claims for damage.

TRANSPORTATION INFORMATION FOR VOLUNTEER CARS

Date: _____

Driver's Name (must be at least 21 years of age): _____

Driver's License Number: _____

Auto Make: _____ Model: _____ Year: _____

Number of passenger seat belts: _____

Insurance Company: _____ Policy: _____

Insurance Agent: _____ Phone: _____

Coverage* must include: Bodily injury/property damage
\$15,000/\$30,000/\$5,000

Insurance effective dates from _____ to _____

*A copy of the policy must be attached

Signature below indicates approval and signifies that the above information is correct.

Car Owner's Signature: _____ Date: _____

Home Phone: (____) _____ Work Phone: (____) _____

Person to contact in case of emergency:

Name: _____ Phone: (____) _____

Date of Event

Place of Event

ADVENTURER Search Policy

This policy is effective for Adventurers who attend Adventurer programs. The policy is designed to balance the privacy of the individual Adventurer while allowing the Adventurer officials to maintain a safe environment for all Adventurers.

Search of a Tent, Cabins, etc.

Tents, cabins, etc., may be searched without cause by an adult in authority, i.e., staff, director, or coordinator. This search does not extend to searching luggage and back packs of the Adventurers.

Search of a Adventurer's Personal Belongings

The personal belongings of a Adventurer may be searched by an adult in authority based on reasonable suspicion that the search will find contraband or evidence of a crime. Contraband is here defined as items that are illegal for a person to possess in California or items though legal to possess generally are illegal to possess at school.

Examples of contraband include possession of a controlled substance (drugs), firearms, explosive devices and other weapons such as a fixed blade knife.

Examples of evidence of crime would include written material recording a crime, stolen money or property.

Reasonable suspicion means more than a hunch, feeling or even suspicion. It is a suspicion that has evidence to support it. Reasonable suspicion does not mean you are certain or nearly certain.

An example of reasonable suspicion would be a tip from another Adventurer that the suspected Adventurer brought some marijuana on the trip and the adult in authority has no reason to disbelieve the person giving the tip.

A search for items that are banned by Adventurers but not illegal or evidence of a crime, should be limited to general tent, cabin, etc. searches, search of personal belongings with consent and things that are seen by an adult in authority. Seized items are to be returned to the Adventurer at the end of the trip.

Example: A Adventurer staff gets a tip a Adventurer brought an electronic game. The staff can search the tent, cabins, etc. and take what he sees in plain view. He could search the personal belongings of the Adventurer with consent.

Procedure for a search of a Adventurer's Personal Belongings

The Adventurer director should be informed in advance of the search unless to delay would endanger the safety of the Adventurers. The search is to be carried out in a reasonable fashion. The extent of the search should conform to the item or items that are the object of the search. Preferably two adults should be present during the search. Items taken (seized)

in the search should be given to the Adventurer director.

Example: A search of or a missing camera would not include searching pockets or containers too small to contain a camera.

Search of the Person

A limited search of the person of the Adventurer may be conducted by an adult in authority based on reasonable suspicion that the search will find contraband or evidence of a crime. Contraband is here defined as items that it is illegal for a person to possess in California or items though legal to possess are illegal to possess at school.

Procedure for a search of the person

The Adventurer director should be informed in advance of the search unless to delay would endanger the safety of the Adventurers. The search is to be carried out in a reasonable fashion. The extent of the search should conform to the item or items that are the object of the search. Preferably two adults should be present during the search. The search is limited to removing and searching outer clothing such as a coat or sweater, asking the Adventurer to pull pockets of pants out so any contents can be seen. Patting of areas of clothing that are not over sensitive areas of the person may be done. A Adventurer should not be asked to remove clothing that leaves him/her naked, partially naked or in underwear. Full body searches should only be done by police authorities.

Contact of Police

If Adventurer authorities have reasonable suspicion of a serious crime, the sheriff should be contacted and Adventurer personnel should cooperate with authorities.

Caution: Adventurer adults in authority may have some duty to act in the place of the parent for the protection of a minor. Police should not conduct a custodial interrogation (the minor is effectively under arrest and is focused on as the perpetrator of a crime) without parental consent. Adventurer authorities can not prohibit the sheriff from doing so but should contact the parent if it occurs. If a minor is arrested and taken into custody, the Adventurer authorities should contact the parents if the sheriff does not.

Disposal of Contraband

Contraband or physical evidence of a serious crime that is seized by Adventurer authorities should be turned over to the sheriff.

Examples of things to be turned over include firearms, explosive devices and controlled substances (drugs).