

Archdiocese of Santa Fe
OFFICE OF FAITH FORMATION
Guidelines & Forms



For additional information go to asfoff.org or contact 505-831-8142

Archdiocese of Santa Fe Youth, Young Adult & Campus Ministry

Liability Guidelines

- No one under 21 years of age may chaperone or drive 18 and younger to any event.
- Drivers must have coverage on their vehicles. (refer to ASF Administrative Parish Handbook)
- An adult chaperone must be present with young people 18 and under at all times.
- Youth Ministers may not leave the grounds/building/event when youth are still there.
- Must have a signed permission slip from parents/guardians for each youth when attending an event.
- Youth Minister/Adult Chaperone must carry a signed permission slips for each youth during an event.
- Ministers must behave with dignity and maturity at all times.
- Young Adults (19+) serving as youth ministers will never date Youth Ministry Members under the age of 18.
- Must have Male and Female chaperones for male and female youth at all times.
- Must have taken the Archdiocesan Safety Environment workshop for the protection of Children.
- Must have one adult chaperone for every 8 High School Youth and one adult chaperone for every 6 Middle School Youth.
- Youth Minister's must have temporary guardianship when traveling out of the United States. (refer to ASF Parish Administrative Handbook)
- Transporting youth across the state line. (refer to ASF Parish Administrative Handbook)
- Overnight sleeping arrangements. If more than one person per room, each person must have their own bed. No one 18 years of age (out of high school) and older may share the room.
- A youth may not drive another youth to or from any event without a signed permission form from both of the parents/guardians.

Note: Unsure if a planned event is a liability call the Archdiocese of Santa Fe Catholic Mutual office at 831- 8123 and Annette Case Management 831-8144

POLICY AND GUIDELINES FOR CHILD AND YOUTH OFF-SITE ACTIVITIES

POLICY STATEMENT

OVERVIEW

Events sponsored or coordinated by a school or parish must be related to a specific school or church activity with defined goals and objectives and properly supervised. These events are not to be simply an opportunity for travel or socialization. Field trips, retreat days and other excursions include, but are not limited to, altar servers' parties, choir outings, confirmation service projects, class retreats, etc., involving persons under 18 years of age. All activities must be in compliance with this policy, and have the approval of the Pastor, Principal, and/or the coordinator of church events (e.g. DRE, Youth Director, etc.). Parent/Guardian permission slips and, if applicable, driver information forms should be utilized for all off-site functions. (See Parish Administrative Manual pages V-9 and V-10).

In all instances, written parental approval is required along with proper supervision.

Schools

Approval of the Superintendent of Schools, Principal and Pastor are required for school events that involve taking children off School or Parish property.

Events sponsored or coordinated by a school must be related to a specific school activity with defined goals and objectives and properly supervised. All school activities must be in compliance with the policy on field trips and transportation found in the Handbook of Policies and Procedures for Catholic Schools.

Parishes

Approval of the Pastor and the appropriate responsible person in charge of the event (e.g. DRE, Youth Directors, etc.) are required for parish related events.

Events sponsored or coordinated by the parish might not be related to a church activity but must be properly supervised. Parent/Guardian permission slips and, if applicable, driver information forms must be utilized for all off-site functions.

OVERNIGHT FIELD TRIPS

Pre-K through 8th Grade

The Archdiocese of Santa Fe does not give approval for, or allow, overnight events for Pre-K through 8th Grade. This is due to potential liabilities associated with the transportation and

chaperoning of children. Field trips, retreat days, and any other type of excursion attended by children Pre-K through 8th Grade are to be of onedaydurationonly.

HighSchool

Youth of high school age may participate in overnight events provided they are properly supervised. Parent/Guardian permission slips and, if applicable, driver information forms must be utilized for all off-site functions.

AlleventsrequireapprovalandproversupervisionasstatedintheaboveOverview.

SUPERVISION OF MINORS

All approved events involving children Pre-K through High School require proper supervision. All teachers, coordinators, and chaperones must provide evidence of having participated in the required Archdiocese of Santa Fe's Sexual Abuse Prevention Workshop. All adult leaders and/or chaperones must be advised of their responsibilities and the seriousness of their role.

TRANSPORTATION OF MINORS

Because of potential risks associated with transporting minors off school/church property, all safety and transportation requirements must be adhered to. Schools and parishes alike must follow the Archdiocesan Fleet & Transportation Policy found on page V-5 in the Parish Administrative Manual regarding parish or school owned vehicles. Public licensed carriers or school buses are the most desirable method of transportation. Use of 10-15 passenger vans are prohibited (refer to Parish Administrative Manual page V-11). If private passenger cars are utilized, parents and volunteers using personal vehicles must be advised that their insurance coverages are primary and driver information sheets must be completed. In all type of vehicles, available seat belts must be utilized.

PARISH GUIDELINES FOR CHILD AND YOUTH OFF-SITE ACTIVITIES

The following Parish Guidelines for Child and Youth Off-Site Activities accompany the Statement of Policy on pages 1 and 2 above, found in Section V of the Archdiocese of Santa Fe Parish Administrative Manual. For School Guidelines for Field Trips refer to the Catholic Schools Administrative Manual.

1 Definition and Restrictions

An Off-Site Activity is defined as an excursion that (a) involves children or youth enrolled in a parish program of religious education, youth ministry or other parish ministry, (b) is sponsored by the parish and/or coordinated by parish leaders whether employed or volunteers, (c) involves taking the children or youth away from the parish property or the site where the parish program regularly occurs. Even when the parents provide the transportation and/or serve as chaperones during the off-site activity, the activity is still governed by these Guidelines since it has been sanctioned by the parish.

The Archdiocese of Santa Fe takes a very conservative position regarding off-site activities. Aside from the inherent difficulties and potential liabilities associated with transporting and chaperoning minors away from the parish, there are distinct advantages to restricting such privileges to high school age, when youth are more mature, aware, and capable of benefiting from the activity.

2 Approval and Documentation Required

The pastor of the parish (or the parish life coordinator) must pre-approve all off-site activities. It is expected that permission for an off-site activity will be secured before any announcement or other preparations are made.

Parents must pre-approve their child's participation in the field trip, in writing, and they have the right to refuse their child's participation without incurring any penalty. The parish is to ensure that each child's parent/guardian signs a permission form, in advance, which also releases the parish of liability and covers medical emergencies (Parent/Guardian Permission Slip, page V-9). The parish leader responsible for the off-site activity carries with her/him the completed Parent/Guardian Permission Slips during the off-site activity and keeps them on file at the parish for one year.

3 Chaperones

All off-site activities must be chaperoned by an adequate ratio of adults (over age 21) to children/youth commensurate with the age and maturity of the children/youth. Prior to leaving the parish for the off-site activity all chaperones and accompanying adults must provide written verification of having taken the Archdiocesan Sexual Misconduct Prevention Workshop (SMP).

4 Overnight Off-Site Activities

- a. Elementary Grades — As stated in the policy, overnight off-site activities are not permitted for elementary grade children (pre-K through 8).
- b. High School Grades — Overnight off-site activities are permitted for high school youth (grades 9-12) when the activity is part of the religious education or youth ministry program provided that all safety provisions are met. Permission for an overnight off-site activity must be requested in advance, in writing, from the pastor and must include a cost accounting of income and expenses. Items that are variable, such as food, may be estimated in advance and a final report provided after the trip. The final report must itemize income and expenses, with receipts for all expenses, and a copy provided to the pastor by the person responsible for the off-site activity. The report must also be available for review, upon request, by parents/guardians.

5 Chaperone Guidelines for Overnight Off-Site Activities

a. Sleeping and Bath Accommodations

1. Adults and chaperones are not to be housed in the same room with minors except when the minor is the child of the adult or chaperone.
2. As an exception to #1 above, in a large dorm situation adult chaperones of the same gender may be housed in the same room with minors provided that at least two adult chaperones and at least four minors are assigned to the dorm. All of the adult chaperones must have participated in the Sexual Misconduct Prevention Workshop and have undergone the criminal history background check.
3. There is to be no co-ed sleeping in tents or hotel rooms.
4. Chaperones are not to use a community shower with minors, nor should a chaperone be in any state of undress except in the privacy of his or her room.
5. All adults and chaperones must understand that extreme caution must be exercised at these times so that no actions have the potential for misinterpretation.
6. In the case of public restrooms and shower areas, adult chaperones should be in the vicinity of the restroom to monitor the coming and going of the students and to be available in case of emergency.
7. Any necessary disciplinary actions or conversations are to be carried out after the minor has had the time to be properly dressed and must take place outside of changing, washing or toilet areas.

b. Outdoor Camping

1. It is strongly recommended that tents that can accommodate large numbers be used whenever possible. This will allow for better supervision.
2. There is to be no co-ed sleeping in tents.
3. Adults or chaperones are not to sleep in a tent alone with a minor, except when the minor is the adult or chaperone's own child.

4. In the event that outdoor camping is held without tents, there must be enough chaperones available so that at least two chaperones are on duty throughout the night to ensure the safety of the group.
5. No sharing of sleeping bags is to be allowed. Each individual will sleep in a single sleeping bag.

c. HotelRooms

1. Care is to be taken when booking hotels for groups. A request must be made upon making reservations that, if possible, all of the rooms be on the same floor in the hotel, in close proximity.
2. All rooms must be checked by the trip coordinator before assigning them to groups to avoid males and females having adjoining doors. Adjoining rooms should only be shared by minors of the same gender.
3. No minor is to be allowed to leave the hotel property or go swimming in the hotel's pool or use the whirlpool or the hotel's exercise room without adult supervision.
4. Minors must never be allowed unsupervised access to the hotel rooms.
5. Minors must always be informed and reminded of safety rules and security measures.
6. Chaperones must have room keys at all times for minors' rooms and it is recommended that the chaperone monitor rooms periodically; however, chaperones should conduct such monitoring in pairs.
7. Adults and minors are not to be housed in the same room, with the exception of families staying together.

d. OtherAccommodations

1. Care is to be taken that sleeping areas are clearly segregated between males and females. In situations where males and females share a common large room (example: a parish hall), a sufficient number of chaperones should be provided on a rotating schedule to provide constant supervision.
2. No minors may spend the night with a lone adult chaperone or enter the private living quarters of an adult chaperone except when the minor and adult are part of the same immediate family.
3. No minors may enter the private living quarters of any clergy or spend the night in a rectory except when accompanied by their parents and part of the same immediate family as the priest or deacon.

e) Miscellaneous

1. Caution must be taken when viewing any movies that may contain any violence or sexually explicit content. All movies are to be screened and approved by an adult or chaperone before minors view them.
2. If a minor is taking medication that must be administered by an adult chaperone, the parent must give the chaperone explicit written directions and written permission to administer the prescribed medication.

f) AdultsandChaperones—EducationandScreening

1. All adult volunteers, all employees and all clergy will have a current criminal history background check and have attended the Archdiocese of Santa Fe Sexual Misconduct Prevention Workshop.
2. With younger children, a higher proportion of adults to minors is recommended.
3. On any trip that involves an overnight stay, change of clothes, showers and for any event in which strong emotional reactions on the part of the minors can be anticipated, a higher proportion of adults to minors is recommended.
4. All adults and chaperones should lead by example, following as much as possible the same rules given to minors (for example, no alcohol consumption).
5. Adults or chaperones shall not at any time purchase questionable or illegal items for a minor (examples: cigarettes, alcohol, drugs, weapons, condoms, and sexually-suggestive materials) and shall report the possession and/or attempt to sell these items to the responsible adult leader.
6. The pastor or his delegate must approve all chaperones for each overnight event.
7. No adult who has been convicted of or is undergoing legal prosecution for any criminal act involving sexual misconduct with a minor is to be allowed to chaperone any minors or to serve or minister in any other capacity in the church or school.

g) BehaviorofMinors

1. Clear expectations for behavior of minors should be created for the outing or other event.
2. All minors will be clearly instructed about the expected behavior and other rules pertaining to their behavior, as well as the consequences for breaking the rules, during the outing or other event.

h) Notifications

1. A clear itinerary with contact information for the responsible adult is to be left with the pastor or his designate prior to departure.
2. A clear itinerary with contact information for the responsible adult must be provided to the parent/guardian of each participant with the names of adult leaders, hotel name (if any), and contact information (telephone numbers, including mobile phones).
3. Copies of parent/guardian permission slips for all participants are to be carried by the responsible adult in charge of the activity; separate copies are to be left at the parish where they are accessible during the activity.
4. Adult leaders and chaperones are encouraged to carry beepers or mobile phones during off-site activities, in case of emergency.

5. A detailed list of all participants and chaperones, including the telephone numbers of chaperones, and a list of parents/guardians to be contacted in the case of emergency during the off-site activity must be left with the parish sponsoring the activity.
6. The pastor or his delegate is to be notified immediately of any major accident or disciplinary issue that may arise during the off-site activity. The pastor or his delegate shall immediately notify the appropriate diocesan personnel.

6 Transportation of Minors

- a) Because of the potential risks associated with transporting minors off parish property, the parish must strictly observe all transportation and safety requirements.
- b) Public licensed carriers or school buses are to be used whenever possible.
- c) The driver of any parish/school owned vehicle transiting minors must have the proper license to operate the vehicle and have completed the criminal history background check through the New Mexico Department of Public Safety. Only licensed drivers at least 21 years old may serve in this capacity.
- d) The driver of any motor vehicle that has a 16-passenger capacity (including the driver) must hold a current and valid commercial driver's license.
- e) School bus/van guidelines and regulations provided by Catholic Mutual must be strictly followed.
- f) Private passenger vehicles may be used for transporting minors only when the Archdiocesan Fleet and Transportation Policy is followed.
- g) Parents and volunteers using personal vehicles must be advised that their insurance coverages are primary.
- h) In all types of vehicles, available seat belts must be utilized.
- i) Questions about transportation requirements may be directed to the Catholic Mutual Office at the Catholic Center.

Reference Documents

1. Archdiocese of Santa Fe Parish Administrative Manual, Section V, pages 5-11 (revised 3/28/08)
2. Parent/Guardian Permission Slip/Medical Authorization/Indemnity Agreement Form (revised 3/28/08)
3. Field Trip Driver Information Sheet Form
4. Health and Emergency Information Form
5. Archdiocesan Fleet and Transportation Policy
6. Policy of the Archdiocese of Santa Fe Relating to Sexual Misconduct Including Sexual Harassment (revised 8/06/06)

Forms



(Parish Name)

Address
City, State, Zip
PHONE

Authorization Form for Use of Child/Youth Name, Likeness, and/or Photographic Image

This authorization form shall serve as parental permission for the use of name, likeness, and/or photographic image of a child/youth where such permission is required.

I grant permission to

Archdiocese of Santa Fe

to use my child's/youth's name, likeness, and/or photographic image in the production of the following:

(Above portion must be completed – DO NOT sign if blank.)

I understand that if, for whatever reason, at any point in time, I decide to revoke this agreement, and I so notify office in writing, all references to my child/youth (i.e., name, likeness, and/or photographic image) will no longer be used. I understand that web page references and web page photographic images will be removed within thirty (30) days of the written notification. I understand that the Archdiocese of Santa Fe is not responsible for access to the internet information or downloads made by users using the web prior to this removal of web references (i.e., name, likeness, and/or photographic image). I further understand that my child's/youth's name, likeness, and/or photographic image may continue to be used in any publication already printed or published prior to my revocation of the consent provided herein.

Name of Child (Please Print)

Age

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

This Authorization Form is to be kept on File in the Parish Office

(Parroquia)

Domicilio
Ciudad, Estado, Código Postal
Número de teléfono

Formulario de autorización para el uso del nombre del niño/joven, la semejanza, y/o la imagen fotográfica.

Este formulario de autorización servirá como permiso de los padres para el uso del nombre, la semejanza, y/o la imagen fotográfica de un niño/joven donde se requiera tal permiso.

Concedo permiso para:

Arquidiócesis de Santa Fe

para usar el nombre, el parecido y/o la imagen fotográfica de mi hijo/joven en la producción del ...de los siguientes:

(La parte de arriba debe ser completada - NO firmar si está en blanco.)

Entiendo que si, por cualquier razón, en cualquier momento, decido revocar este acuerdo, y así lo notifico a la oficina por escrito, todas las referencias a mi hijo/joven (es decir, nombre, parecido y/o imagen fotográfica) ya no serán utilizadas. Entiendo que las referencias a las páginas web y las imágenes fotográficas de las páginas web serán eliminadas dentro de los treinta (30) días de la notificación escrita. Entiendo que la Arquidiócesis de Santa Fe no es responsable por el acceso a la información del Internet o por las descargas hechas por los usuarios que utilizan la red antes de esta remoción de referencias de la red (i.e., nombre, semejanza y/o imagen fotográfica). Además, entiendo que el nombre, semejanza y/o imagen fotográfica de mi niño/joven puede continuar siendo utilizado en cualquier publicación ya impresa o publicada antes de mi revocación del consentimiento aquí proporcionado.

Nombre del niño (Por favor, escriba en letra de molde)

Edad

Firma del padre o tutor legal

Fecha

Escriba en letra de molde el nombre del padre o tutor legal

Este formulario de autorización debe ser archivado en la oficina parroquial

PARENT / GUARDIAN

PERMISSION SLIP / MEDICAL AUTHORIZATION / INDEMNITY AGREEMENT

SPONSOR OF ACTIVITY _____

ACTIVITY _____

DATE(S) OF ACTIVITY _____

PLACE OF ACTIVITY _____

As parent and/or legal guardian of _____, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend _____

Name of Parish/School

its officers, directors, employees and agents, and the Archdiocese of Santa Fe, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Archdiocese of Santa Fe, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Archdiocese of Santa Fe.

I hereby authorize the Supervisor of the activity or his/her designee to act in my behalf to authorize such medical attention, surgery, or other health care services, as may be recommended in an emergency situation while participating in the activity. If the below named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

I hereby authorize the Supervisor of the activity or his/her designee to administer the following medication to my child according to the instructions described here:

Medication _____

Directions: _____

If the medication is prescribed by a doctor, the prescription in its original container will be provided to the Supervisor of the activity.

Name of Physician _____ Phone _____

Signature: _____ Date: _____

Parent/Guardian

Print Name: _____

Phone: _____

Home

Work

PADRE / TUTOR

FORMA DE PERMISO / AUTORIZACIÓN MÉDICA / ACUERDO DE INDEMNIZACIÓN

PATROCINADOR DE LA ACTIVIDAD _____

ACTIVIDAD _____

FECHA(S) DE LA ACTIVIDAD _____

LUGAR DE LA ACTIVIDAD _____

Como padre/tutor legal de _____, soy legalmente responsable por cualquier acción personal llevada a cabo por el menor mencionado anteriormente ("participante").

En mi nombre, en nombre del menor mencionado, o en nombre de nuestros herederos, sucesores, y asignados, estoy de acuerdo en exonerar o liberar de culpa y defender a:

_____ Nombre de la Parroquia/Escuela

sus oficiales, directores, empleados y agentes, y a la Arquidiócesis de Santa fe, sus empleados y agentes, chaperones, o representantes asociados con el evento, de cualquier reclamo que surja de, o en conexión con la asistencia de mi hijo/a al evento o en conexión con cualquier enfermedad o lesión (incluyendo la muerte) o de los costos por el tratamiento en conexión con ésta, y estoy de acuerdo en indemnizar a la parroquia/escuela, sus oficiales, directores y agentes y a la Arquidiócesis de Santa Fe, sus empleados y agentes y chaperones, o representantes asociados con el evento por el pago razonable de honorarios de abogados y gastos que puedan haberse incurrido en cualquier acción judicial en contra de ellos como resultado de dicha lesión o daño, a menos que dicho reclamo surja de la negligencia de la parroquia/escuela o la Arquidiócesis de Santa Fe.

Por este medio autorizo al Supervisor de la actividad o su designado a actuar en mi nombre para autorizar la atención médica, cirugía, u otros servicios del cuidado de la salud recomendados en una situación de emergencia mientras mi hijo/a participa en la actividad. Si el médico abajo mencionado no puede ser localizado, por este medio autorizo a cualquier médico con licencia o centro médico a proporcionar tratamiento a mi hijo/a.

Por este medio autorizo al Supervisor de la actividad o a su designado a administrar los siguientes medicamentos a mi hijo/a de acuerdo a las instrucciones descritas aquí:

Medicamento _____

Instrucciones: _____

Si el medicamento ha sido prescrito por un doctor, la prescripción deberá ser entregada en su envase original al Supervisor de la actividad.

Nombre del Médico _____ Teléfono _____

Firma: _____ Fecha: _____
Padre/Tutor

Nombre: (con letra legible) _____

Teléfono: _____ Hogar Trabajo

HEALTH FORM

(Completion required for final registration)

NAME _____ DATE OF BIRTH _____

STREET _____ CITY _____ STATE _____ ZIP _____

Is this participant in general good health and able to participate in all normal activities? YES ___ NO ___
(If not, please submit a statement indicating limitations.) Please give date of most recent physical examination.

DATE: _____ FAMILY PHYSICIAN OR CLINIC: _____

STREET: _____ CITY: _____ STATE _____ ZIP _____

PHONE: _____



Immunization History

GIVE DATES PLEASE

DPT _____ DPT BOOSTER _____ TETANUS BOOSTER _____
POLIO SERIES _____ POLIO BOOSTER _____

Allergies (Please write yes or no next to each)

HAY FEVER _____ ASTHMA _____ SULFA _____ FAINTING _____
POISON IVY _____ CONVULSIONS _____ PENICILLIN _____ BEE STING _____
OTHER (Please specify) _____

If any of the above are yes, please submit a statement of how the child has been treated and with what medication. This and any other medication will be dispensed by the Director.
Operation or Serious Injury _____ Dates _____

Please notify the Director if this child is exposed to any communicable disease during the three weeks prior to attendance.



In signing this application, I hereby certify that the above information is correct and give permission for my child to be transported in privately owned vehicles to and from public transportation or for approved out-of-institute activities; and for the release of medical records to an attending physician in case at illness.

In case of medical emergency, I understand that every effort will be made to contact parents or guardian of participants. In the Event that I cannot be reached, I hereby give permission to the physician selected by the Institute Director to hospitalize, secure property treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

Telephone: _____ Alternate Phone Number _____

Family Health Insurance Co.: _____ Policy No. _____

**RETURN FORM TO: OFFICE OF YOUTH MINISTRIES
4000 ST. JOSEPH PL. N.W.
ALBUQUERQUE, NM 87120
Fax # (505) 831-8345**

ACCIDENT REPORT FORM

L O C A T I O N	Name of School/Organization _____ Address _____ City _____ State _____ Zip _____ Phone _____ Principal/Supervisor _____				
I N J U R E D	Name of Person Injured _____ Address _____ City _____ State _____ Zip _____ Phone _____ Parent/Guardian _____ Grade _____ Age _____ Birth Date _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F				
I N J U R Y I N F O R M A T I O N	Place of Accident: _____ Date of Accident: _____ Time: _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Nature of Injury: <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Contusion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Concussion Other (Explain) _____ </td> <td style="width: 50%; vertical-align: top;"> Injured Part of Body: <input type="checkbox"/> Head <input type="checkbox"/> Finger <input type="checkbox"/> Arm <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Eye <input type="checkbox"/> Leg <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Foot Other (Explain) _____ </td> </tr> </table> Description of Accident _____ _____ <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"> First Aid Treatment: <input type="checkbox"/> Sent to School Nurse <input type="checkbox"/> Sent Home <input type="checkbox"/> Sent to Physician <input type="checkbox"/> Sent to Hospital </td> <td style="width: 67%;"> Name of Teacher in charge when accident occurred: _____ Name of person administering first aid: _____ Name of Parent/Guardian or Other individual notified: _____ </td> </tr> </table> Witness to Accident: 1) Name _____ 2) Name _____ Address _____ Address _____ Telephone _____ Telephone _____ Remarks: _____ _____	Nature of Injury: <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Contusion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Concussion Other (Explain) _____	Injured Part of Body: <input type="checkbox"/> Head <input type="checkbox"/> Finger <input type="checkbox"/> Arm <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Eye <input type="checkbox"/> Leg <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Foot Other (Explain) _____	First Aid Treatment: <input type="checkbox"/> Sent to School Nurse <input type="checkbox"/> Sent Home <input type="checkbox"/> Sent to Physician <input type="checkbox"/> Sent to Hospital	Name of Teacher in charge when accident occurred: _____ Name of person administering first aid: _____ Name of Parent/Guardian or Other individual notified: _____
Nature of Injury: <input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Contusion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Concussion Other (Explain) _____	Injured Part of Body: <input type="checkbox"/> Head <input type="checkbox"/> Finger <input type="checkbox"/> Arm <input type="checkbox"/> Abdomen <input type="checkbox"/> Neck <input type="checkbox"/> Eye <input type="checkbox"/> Leg <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Face <input type="checkbox"/> Foot Other (Explain) _____				
First Aid Treatment: <input type="checkbox"/> Sent to School Nurse <input type="checkbox"/> Sent Home <input type="checkbox"/> Sent to Physician <input type="checkbox"/> Sent to Hospital	Name of Teacher in charge when accident occurred: _____ Name of person administering first aid: _____ Name of Parent/Guardian or Other individual notified: _____				
	Supervising Teacher _____ Date _____ Principal/Supervisor _____ Date _____				

Mail original report to:

**Archdiocese of Santa Fe Office of Faith Formation
 4000 St. Joseph Place NW
 Albuquerque, NM 87120**

Telephone: (505) 831-8142

DRIVER INFORMATION SHEET

Driver

Name _____

Date of Birth _____

Address _____

Phone # _____

Driver's License # _____

Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____

Model of Vehicle _____

Address of Owner _____

Make of Vehicle _____

License Plate # _____

Year of Vehicle _____

Registration Expiration Date _____

Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____

Date of Policy Expiration _____ Liability Limits of Policy* _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years: _____

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature

Date

HOJA DE INFORMACIÓN DEL CONDUCTOR

Conductor

Nombre _____ Fecha de Nacimiento _____
Dirección _____ # de Teléfono _____
Licencia de Manejo # _____ Fecha de Expiración _____

Vehículo que será utilizado

Nombre del Propietario _____ Modelo del Vehículo _____
Dirección del Propietario _____ Marca del Vehículo _____
Placa _____ Año del Vehículo _____
Fecha de Expiración del Registro _____ Fecha de Expiración _____

Si se utiliza más de un vehículo, la información anterior deberá ser proporcionada por cada vehículo.

Información sobre Seguro del Vehículo

Cuando se utilice un vehículo privado, la cobertura del seguro está limitada a la póliza de seguro cubierta para el vehículo especificado.

Compañía de Seguros _____ Póliza # _____
Fecha de Expiración de la Póliza _____ Límites de Responsabilidad de la Póliza* _____

(*Nota: El límite de responsabilidad mínima aceptada para vehículos privados es de \$100,000/\$300,000)

Para poder proporcionar seguridad a nuestros estudiantes y a otros miembros de la parroquia y a quienes servimos, debemos pedir a cada conductor que liste todos los accidentes o violaciones a la ley al conducir en los pasados cinco años: _____

Por favor, note que como conductor voluntario, su póliza de seguro es la principal póliza. Existe una póliza que pudiera ofrecer protección de responsabilidad adicional en caso de que una reclamación exceda los límites de su póliza.

Certificación

Certifico que la información proporcionada en esta forma es verdadera y correcta hasta donde yo sé. Entiendo que como conductor voluntario, debo tener al menos 21 años de edad, poseer una licencia de conducir válida, tener una placa correcta y registro actualizados del vehículo, y tener la cobertura requerida de seguro en efecto en cualquier vehículo utilizado para transportar a estudiantes.

Firma Legible

Fecha