Youth Ministry: Risky Business?

“The risk of being a youth leader in North America has increased greatly in the past ten years. While the value of each young life has remained priceless, the legal and monetary damages involved have skyrocketed. The youth leader who overlooks the crucial role of safety in his or her ministry risks substantial losses in ministry opportunities, relationships, reputation, time and finances.” (Jack Crabtree, Better Safe Than Sued, Group Publishing 1998.)

What Responsibility do we Bear?

Simply stated, “Youth ministry is risky business.” Think of what can go wrong when you are with youth at an activity on church property or at an off-site event. The possibilities for a crisis, big or small, are endless.

But the good news is that thinking ahead and following basic risk management guidelines can help manage and minimize some of the risks you take as a volunteer or professional youth worker. Risk management is about more than looking for trouble; it’s about looking for solutions that can make your youth ministry more effective.

What are the legal and ethical issues of managing a youth event? What effect do covenants, liabilities, medical forms, insurance, adult leaders, emergency plans, abuse issues, and crisis intervention have in the risk management of a youth event?

Please read on for beginning answers to these questions and many more...

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Risk Management

What are the Greatest Risks in Youth Ministry Programming

You might think taking the junior high youth on a “welcome to the youth group bungee run cliff jumping weekend” would definitely be the greatest risk. You would probably be right, but an activity does not have to be that extreme to be a risk. Understaffing, lack of planning or foresight, and casual attitudes are the three most common factors contributing to the types of situations most at risk in youth ministry. “Risky business” in youth ministry includes... overnight activities, all male activities supervised by all male workers, informal or out of program contact, one on one counseling or solo workers, transportation and travel, high adventure or wilderness activities, swimming without lifeguards, service projects, and events involving workers from outside your church.

Look through the follow list of risk types. How many could become considerations in your youth ministry programming?

Types of risks include:

- Natural hazards (cliffs, bodies of water, rough terrain, etc.)
- Natural disasters (lightning, tornadoes, earthquakes, storms, floods, fire, heat, etc.)
- Equipment operation (power tools, vehicles, scaffolding, ladders, etc.)
- Program activities (swimming, sports and games, etc.)
- Human behavior (drugs and alcohol, runaways, sexual abuse, improper training of staff, fights, lost person, etc.)
- Medical conditions (asthma, diabetes, allergies, heart attacks, etc.)
- Severe injury, accidental death, or suicide

One way to protect the integrity of your youth ministry program, as well as the leaders and youth themselves, is to understand risk management and put risk management concepts into place.

What is Risk Management?

Risk management is an integrated approach for dealing with the uncertainty of loss.

Risk management includes... Protection against harm or loss to participants, staff, property, and financial resources, as well as... Procedures for handling emergencies.

Risk management is designed to... Provide a safe experience for participants and staff and... Prevent or reduce legal and public relations problems.

Risk management puts you, not the risk, in charge.

A Risk Management Process

Step one is Risk Identification... looking for the risks of a certain activity or, in other words, who or what is at risk. This who or what could be...

- People (youth, staff, volunteers)
- Finances (personal, congregational)
- Property (personal, congregational, borrowed)
- Reputation (youth, youth leaders, church)

Step two is Risk Assessment... sizing up the risks of a certain activity. Ask the following questions as you assess potential risks...

- How likely is it that a risky incident will occur?
- What are the consequences if a risky incident occurs?
- Which risks can you tolerate?
- Which risks require the purchase of insurance?
- Which risks can be reduced or controlled?
- Which risks are simply too great to bear?

Step three is Risk Management... deciding how to control your risks. Control can be taken by...

- Avoiding the risk—Do not offer a program you consider too risky. Certain activities simply should not be offered.
- Modifying the risk—Change the activity so the chance of any harm occurring and impact of the potential damage are acceptable.
- Transferring responsibility for the risk—Shift at least part of the risk through a contract or insurance or waivers.
- Retain the risking—Accept the risk and prepare for the consequences

Step four is Implementation... putting your plan to work and reviewing and revising as needed.
No GUILT... No Surprises!

A simple rule of thumb for preventing surprises in your youth ministry planning is to avoid GUILT.

G Groupthink... Be wary when everyone is nodding yes to build consensus even though some people have serious reservations.

U Uncertainty... Some uncertainty is unavoidable, but often it is an unnecessary blind spot. Don’t be afraid to ask questions and find out the answers.

I Inaction... Failing to act can be a bigger mistake than doing something. Ignoring a hazard may be the easy option—until disaster occurs that could have been prevented.

L Limiting yourself... Explore all the options and follow questions to their logical conclusions. There is almost always more than one solution to every challenge. The risks of one option may be much lower than others.

T Taking the easy way out... Sometimes it seems easier to ignore set procedures, like checking references or calling off an outdoor activity due to lightning. No one wants to be the bad guy, buy you may need to make unpopular decisions to protect your event.

(from "No Surprises: Controlling Risks in Volunteer Programs")

Emergency Response Procedures and Plans

An emergency is a circumstance where an individual is faced with a danger which can threaten or has caused injury or death, or which can damage or destroy property.

In order not to be caught off guard by an emergency, develop written emergency plans with step-by-step procedures for handling emergencies for your youth ministry programs, both on site and when you travel.

Emergency Response Procedures and Plans should include:

- Response procedures in the event of personal injuries, medical emergencies, severe weather, fire, missing person in water, attempted or suspected suicide, etc.
- Adults identified to administer first aid, arrange for emergency assistance, and to stay with the group if others must leave the site with a sick or injured person.
- Emergency phone numbers (hospital, paramedics, fire department, utility company, etc.)
- Location and maps to nearest hospital or medical facility.
- Procedure for contacting youth group leaders, parents/guardians, pastor, etc. in an emergency.
- Incident report forms and process for reporting to other authorities.
- Procedure for notifying insurance companies and filing insurance forms.

Share your emergency plans with all event leaders and provide necessary information to participants as well.

The following basic guidelines can be incorporated into your Emergency Response Procedures and Plans

Guidelines for ALL Emergency Situations

1. Stay calm. A life may depend on your clear thinking and prompt, correct action. You can help no one if you panic. Panic leads to contagious fear and incorrect actions. Help those around you to remain calm as well.

2. Ensure the safety of the group you are responsible for.

3. Notify an event leader as quickly as possible. Provide information on the location of the incident, the nature of any injuries, the extent of any damage, and the age of those involved.

4. If calling 911, be sure to:
   - Tell them your name.
   - Tell them the location, address, and phone number.
   - Describe the situation. For cases of injuries, provide the victim’s name, age, and symptoms or cause.
   - Give them directions to the location if requested.
   - Hang up last.

5. Identify a “spotter” to direct emergency vehicles to the location of the incident. Other event leaders should clear participants from that location.

6. If and when anyone arrives on the scene with more training than yourself in handling similar situations, allow them to make the decisions and cooperate/assist with any decisions they make.

7. Do not speak to any media personnel, even if you think the remarks are “off the record.” Let the event leader be the official spokesperson and steer all questions to that person.
Medical Considerations

1. At least one of the youth leaders should have current Red Cross First Aid and CPR training.
2. Well-equipped first aid kits need to be available at all program areas. The American Red Cross chapter in your community can provide information on first aid and CPR classes, and guidelines for putting together emergency first aid kits.
3. Prior to your off-site youth events, locate emergency medical facilities near the site.
4. Develop a list of emergency phone numbers and directions to medical facilities.

Personal Injury and Medical Emergencies

A personal injury emergency is any physical injury that threatens the life or permanent well-being of an individual. Medical emergencies include medical conditions such as heart attacks, diabetic reactions, strong allergic reactions, epileptic seizures, etc. that threaten the life of an individual.

1. When someone witnesses or is alerted to a serious injury or medical emergency, an event leader should immediately be notified and summoned. Provide information on the location of the accident, age of those involved, and the nature of the injury. If necessary, the event leader will make the decision to call 911.
2. Should a personal injury or medical emergency occur at a remote area, one leader should stay with the injured individual, and someone be sent for help. Do not attempt to transport a seriously injured individual.
3. A seriously injured individual should not be moved unless his/her current position presents a further danger to him/her or to others. Attempting to move an injured individual without the proper training or equipment could cause further injury.
4. All injuries must be taken seriously. Do not presume anything. Use outside factors such as past occurrences, the individual's reaction to the injury, or the individual's mental state only as factors. When in doubt, assume the worst and act accordingly until proven otherwise.
5. Whenever possible, first-aid should be administered only by those certified to do so. However, if no such person is available and the need is immediate, attempt to help the injured individual as best as you can, using first aid knowledge you have and common sense.
6. Participant medical forms must accompany every individual transported to a hospital or doctor.
7. An adult leader should accompany any youth/adult participant to the hospital.
8. Fill out an incident report on any injury or medical emergency requiring professional medical attention.
9. Report serious accidents to appropriate authorities (e.g. event leadership, insurance carrier, etc.)

Natural Disasters

Depending on what area of the country you live in, you may have to take precautions for tornadoes, earthquakes, or other natural hazards. Use your fire department or local emergency management agency of government for advice on responding to the type of emergencies you are likely to face.

Weather Watch: Conditions are favorable for severe weather. Be on alert. Monitor conditions.

Weather Warning: Severe weather approaching. Severe weather sighted.

In the event of severe weather, the following procedures are to be followed:

Listen for siren warnings which indicate severe weather. All participants are to be notified of the warning and should calmly proceed to a basement or other safe area until all clear has been signaled.

Fire Safety

In the event of a fire, the following procedure must be followed:

1. Evacuate the building or area. The safety of all people is of utmost importance. Evacuate!
2. A leader should immediately be notified and summoned. If necessary, they will make the decision to call 911.
3. Make an attempt to put out the fire only if possible without putting yourself or others in danger. Be familiar with the location of fire extinguishers in the program areas.
Attempted or Suspected Suicide

Psychologists often speak of teen suicide as a cry for help. It is a way for teens to try and regain some control at a time when they feel little or no control in their lives. If someone discusses suicide or shows indicators, timely and effective intervention can literally save a life.

1. If suicide is attempted, follow the procedures for “Personal Injuries and Medical Emergencies” listed previously.

2. Warning signs of someone considering suicide:
   - Pronounced change in eating or sleeping habits.
   - Change in school grades.
   - Frequent sadness or crying spells.
   - Unable to talk about their feelings or discuss their sadness.
   - Deep pain due to loss of loved one through death, divorce, or love relationship.
   - Feelings of being trapped, hopeless, deeply depressed, or defeated by life.
   - Significant change in personality or unusual behavior.
   - Self-destructive behavior, such as heavy drinking or drugging, reckless driving, high risk activities without safety precautions.
   - Low self-esteem or feelings of worthlessness.
   - A previous suicide attempt.
   - Suddenly not caring for and giving away prized possessions.
   - Extreme withdrawal/isolation from others.
   - Person makes suicidal comments such as “I wish I were dead,” etc.
   - Person has means to carry out suicide.

Remember! Any one or even a few of these signs in a person’s life does not necessarily mean he/she will commit suicide. But if many of these signs are present, that person may be in danger and is in need of help. All threats and discussions of suicide must be taken seriously.

3. If suicide is suspected or threatened, whether through words or actions, notify and summon an event leader. In all cases, professional assistance should be sought. Until professional assistance arrives, the following guidelines apply:
   - Attempt to ensure the immediate safety of the suicidal individual. Do not attempt to remove the individual from a dangerous location or remove a weapon from the individual unless this can be done at no risk to yourself.
   - Immediately express concern and care for the teen.
   - Do not project guilt onto the teen. Do not discount the teen’s feelings. Do not be too quick to accept assurances that everything is okay now.
   - If the individual is in no immediate danger, do not leave him/her alone. Twenty-four hour supervision is necessary until otherwise directed by the authorities.
   - Ensure the immediate safety of anyone else whose well-being may be threatened by the individual.

4. In all cases involving attempted or suspected suicide, confidentiality is of extreme importance.

Dealing with the After Effects of a Tragic Accident or Death

Young people who experience a serious accident or death will face emotional stress. They need pastoral care and trauma counseling to help them deal with their shock and grief. Youth and their leaders will need short-term support for the first day or two after a crisis. They will need longer term care as well. Don’t neglect workers and leaders in this process. Their feelings may be affected by a sense of responsibility for the accident. Also, workers are critical partners for professional counselors who will help the young people cope with the tragedy.

Consider Forming a Crisis Management Team

- Utilize professional counselors for crisis team members to minimize liability on untrained lay people.
- Call on church workers with counseling experience for immediate short-term assistance.
- You may need more workers than you expect to handle logistics and provide individual support to a large group of affected participants.
- Consider calling in community volunteers who are on standby for crisis counseling.
- Offer support to the families of the victims who are deeply affected due to the circumstances of the accident.
StaffMisconduct

Staff misconduct is a betrayal of trust. Reports of questionable behavior by youth ministry staff (paid and volunteer) must be taken seriously and addressed promptly.

All states have laws requiring reporting of suspected child maltreatment or sexual abuse of minors to child protective services or law enforcement. Find out about the mandatory reporting requirements that apply in your state. If mandatory reporting is required in your state for any category of church or ministry worker, this information must be integrated into the guidelines of the event.

What if an incident occurs when youth leaders and youth are traveling in another state? Seek legal advice on which state law applies and what the applicable law requires.

Your leadership should consider the facts and circumstances when reporting is not mandated by law. Weigh the relevant scriptural and ethical principles and decide what your duty is in each case. Event leaders have a responsibility to consider the rights of all parties in an incident: the victim, the accused offender, the reporter, families, and the church itself (including its workers).

Make sure your congregation develops a comprehensive sexual harassment/abuse policy.

Besides sexual misconduct, other types of staff misconduct include: money mismanagement, drug and alcohol and substance abuse, or physical or emotional abuse.

Waivers and Consent Forms

Even though waivers and consent forms do not provide complete protection, they should remain an important part of your risk management plan because...

- Waivers encourage participants, parents, and churches to think seriously about the potential hazards involved in special events and the precautions necessary in participating.
- Waivers and consent forms inform parents about their kids’ activities.
- Permission waivers prevent parents from being surprised at the worst possible time—after a serious incident or accident.
- Permission waivers are the best and easiest way to get information from parents.

Do’s and Don’t’s for Waivers

- Do be as specific as possible.
- Do describe the activities adequately and fully.
- Do describe risks associated with activities.
- Do include dates of activities.
- Do require waivers consistently.
- Do require adult participants to fill our waivers.
- Do include a publicity waiver.
- Do take copies of waivers with you on trips off grounds.
- Do make sure that waivers and consent forms go with the child they cover.
- Do have a qualified lawyer review your waivers/consent forms and related releases.
- Do pursue valid waivers and informed consent with all your forms.
- Do not depend on waivers to protect the entity from irresponsible actions or lack of safe planning.

Remember, the more narrowly focused the waiver and release, the more likely it will be enforceable.

What Type of Waivers

Get medical forms and regular activity waivers signed every six months for ongoing programs like youth nights and midweek groups. Get specific activity releases each time for... high adventure activities (cycling, camping, water sports, rope courses, etc.)... events that involve extra risk (home building, working at an agency in the inner city, activity where supervision is limited)... out of town travel or overnight activities (all Servant Events!)... special day trips (water parks, day at the lake, etc.).
A good way to get all the release forms is to hold a parents’ information meeting on the event or trip. Make additional points with the parents by having a notary there at the same time.

**Legal Aid**

Utilize local counsel to review medical and activity release forms, as well as to clarify questions of possible liability, to review contracts, and for legal advocacy in juvenile crime issues.

**Insurance Guidelines**

1. Seek the assistance of your local insurance representative to interpret the current coverage and determine if additional coverage is needed. Ask them to show you what limitations on coverage are contained in the definitions and exclusions of the policy.
2. Insurance coverage needs to be reviewed and updated annually.
3. Verify that all drivers for the youth activities are properly insured for their vehicles and occupants. Make sure they also carry valid drivers licences and have a safe driving record.
4. Utilize enough on-site adult group leaders who can provide appropriate and safe supervision.
5. Verify indemnification... who is liable for what, especially when personal injury could be involved.
6. Consider providing secondary travel and accident insurance coverage for each participant in off-site youth events and trips.

Check your insurance to see the coverage you have in the following areas...

**Commercial General Liability**

This protects you in case of certain lawsuits charging negligence. This coverage would ordinarily pay damages ordered by a court and pay for legal defense for the church and any individuals named in the lawsuit. It may pay for medical expenses for injured persons. General liability policies generally exclude coverage for certain types of incidents. They may limit the categories of damages and expenses covered. Coverage usually provides:

- Commercial General Liability
- Directors and Officers Liability
- Pastoral Counseling (including volunteers)
- Contractual liability
- Personal Insurance and Liability
- Hired and Non-Owned Automobile Liability
- Sexual Misconduct Liability

Many liability policies specifically exclude sexual misconduct. If your policy appears to exclude or is ambiguous regarding sexual misconduct, you may want to clarify the coverage available with the insurance carrier. You may be able to purchase this coverage by paying an additional premium.

**Directors and Officers (Wrongful Acts) Liability Coverage**

Directors and officers policies cover potential liability of directors and officers of an organization. Also, D & O policies cover “wrongful acts” of all leaders, employees, and agents of an organization. Like general liability policies, the policy language varies and can be limited by exclusions and the definitions of damages covered.

**Automotive Liability**

This form of insurance covers vehicles that the church owns, rents, or hires. It may or may not cover personal vehicles on church business. For church vehicles $500,000 is a reasonable minimum (more is better), and drivers of personal vehicles for ministry purposes should be required to carry $150,000. Hired and Non-Owned Automobile Liability is required if using volunteers’ vehicles.

**Worker’s Compensation and Volunteer Insurance**

Worker’s compensation insurance covers injuries suffered by employees in the course of their employment. These policies usually do not cover volunteers. Medical and other expenses incurred by volunteers injured “on the job” can often be covered by the volunteer’s insurance policy.
**Activity Medical**

This covers medical bills of youth (workers may be covered in some policies) who are injured or get sick during ministry activities. Activity medical insurance can be purchased for a specific event (day, weekend, or week) or purchased for an entire year. The cost can be as reasonable as $1 per person. The maximum coverage per child may be only several thousand dollars because this is not major medical insurance. Its purpose is simply to enable the church or family to address short-term medical needs conveniently.

**Casualty Insurance**

Casualty insurance protects things: usually buildings and their contents. Fire, tornado, vandalism, and theft are typically covered. It usually includes theft of equipment even if it is not stolen from church property (for example, if a volunteer’s car is burglarized and a digital camera is taken).

**Insurance Riders**

A rider is an additional type of insurance, additional amount of insurance, or additional coverage that may be added to an existing policy for an additional premium. Riders allow you to add special coverage without purchasing a completely new policy.

**Staff Selection and Supervision**

The Michigan District Board of Christian Education passed a recommendation that all volunteers who work with children be screened, trained, and participate in a background check.

This may seem extreme or even unnecessary to some but it is not. Many people have put their trust in youth leaders... parents, the church, and the youth themselves.

Basic screening for potential youth ministry leaders should include... a comprehensive application form... submit signed statement... thorough personal interview... personal and professional reference checks. Potential youth leaders who truly care for youth will understand this process. Those who may have reason to be threatened may never continue through the process.

Volunteers should also be provided with position descriptions that frame their role. Volunteers should also receive initial and ongoing training for their youth ministry tasks.

**Now What?**

So, is it business as usual or are there policies and plans that need to be made to make your youth ministry safer? Here are a few more reminders and words of encouragement...

1. Be a smart leader.
2. Think activities through.
3. Watch for warning signs.
4. Know the local laws that impact your youth ministry situations.
5. Include safety issues—from your covenants to your youth nights to your wild adventures.
6. Recognize the forces you can control.
7. The higher the risk the greater the supervision required.
8. Be accountable to others.
9. Do not put yourself in situations which might be seen as suspect.
10. Use the two adult rule—never leaving one adult alone with one child.
11. Use the six month rule—adults need to be involved at least six months before taking active part in youth ministry leadership.
12. You are not alone!

This resource is not to be the complete word in risk management in youth ministry. Please take the time to find out more on your own. Look at the Risk Management checklist and see what items you can check off and which items still need work. Review the list of resources included at the end of this resource and begin researching and reviewing material for your youth ministry situations.
Feel free to contact the Youth Ministry Office at 1-800-248-1930 ext. 1155 is you still have additional questions or concerns in the area of keeping youth ministry safe and secure.

Glossary of Terms
Child Abuse: is an abuse or misuse of power and authority over a child under the age of eighteen by any adult who is responsible for that child.
Liability: is something for which one is legally obligated or responsible.
Negligence: is the failure to exercise that degree of care that is reasonable under the circumstances.
Risk Management: is a field of management in which an organization evaluates the risks it faces and minimizes or transfers risk in order to protect the effectiveness of the organization.
Waiver: is a contract in which the signer agrees in advance to give up any right to recover damages from the other entity, and to release that entity from all potential liability, in return for the right to participate in the activity.
He who trusts in himself is a fool, but he who walks in wisdom is kept safe. (Proverbs 28:26)

Reducing Risks Means Managing Risks
Incident Report - Sample

Participant’s Name: _________________________________________ Age: _________ Gender: _______________

Participant’s Address:  

Phone: ___________________________ Name of Parent/Guardian: ____________________________

Day/Date of Incident: _____________________________ Time of Incident: _______________________________

Type of Incident: ______ Accident     _____ Illness      _____ Other

Location of Incident:  

Leader Responsible for Participant: _________________________________________________________________

Activity During Which Incident Occurred: ____________________________________________________________

Description of Incident:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Type of Injury: _________________________________________________________________________________
Type of First Aid or Emergency Care Given: __________________________________________________________
______________________________________________________________________________________________
Provider of First Aid or Emergency Care Given: _______________________________________________________
Witnesses (include name, address, and telephone number):
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Leader Signature     Position         Date
Medical Consent and Liability and Activity Release Form - Sample

Must be completed and carried by all participants. Copy must be given to group leader.
Must be signed by parent or guardian of participants under 21.
Please type or print legibly in ink!

Participant Name: (last) _______________________________________ (first) _____________________________
Birth Date: _____/_____/_____    Male: _______   Female: _______    SSN: _______________________________
Home Address: _________________________________________________________________________________
City/State/Zip: _________________________________________________________________________________
Home Phone: (______)___________________________ Day Phone: (_____)_______________________________
Custodial Parent/Guardian: _______________________________________________________________________
Home Phone: (______)___________________________ Day Phone: (_____)_______________________________
Home Address (if different): ______________________________________________________________________
Health Plan Carrier: _____________________________________________________________________________
Name of Insured: _______________________________________________________________________________
Relationship to Participant: _______________________________________________________________________
SSN or Policy Holder or Insurance ID Number: ________________________________________________________
Family Doctor: _________________________________________________________________________________
Office Phone: (_____)___________________________ Medical Exchange: (_____)___________________________
Family Dentist: ________________________________ Office Phone: (_____)_____________________________
Second Parent or Emergency Contact Person: ________________________________________________________
Relationship to Participant: _______________________________________________________________________
Home Phone: (_____)___________________________ Day Phone: (_____)_______________________________

Please specify if any health insurance pre-certification, notification, or other requirements exist for the participant:
_____________________________________________________________________________________________

Participants will be covered by a limited accidental death and accidental bodily injury policy (name of insurance
company of church or special travel and accident policy) ____________________________________________
that provides reimbursement up to (provisions of reimbursement) ______________________ for medical
expenses incurred as the result of purely accidental injuries sustained while at (name of the event) ____________
______________________. This coverage is secondary to all other insurance coverage available to the participant
and will make payment only if such other insurance (participant’s primary insurance policy) is not adequate to cover
the medical expenses resulting from an accidental injury sustained while at (name of the event) _______________
______________________.

Medical Card Copy Front      Medical Card Copy Back
Consent (continued)

I understand that the (name of event) __________________________ for which this Medical Consent and Liability and Activity Release Form is being given is described as follows: (description of event, including location, dates, sponsor and activities, particularly any hazardous activities) __________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

I hereby consent to participation of myself (or of my child) in the above-described event. I have read the informational materials regarding the planned activities. I am aware that in addition to activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions, the participant may also be asked to participate in various activities that may involve additional risks, such as __________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I release and forever discharge ______________________________________ (name of group sponsoring the event), and ________________________________ (name of home congregation), their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my (or my child’s) participation in, attendance at, and travel to and from the event. Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless _______________________________________ (name of group sponsoring the event) and ______________________________________ (name of home congregation), its agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during the event or travel to and from the same.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

For participants age 21 and over:

<table>
<thead>
<tr>
<th>Participant Signature</th>
<th>Date</th>
<th>Witness</th>
</tr>
</thead>
</table>

For participants under age 21:

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
<th>Witness</th>
</tr>
</thead>
</table>
Authorization to Consent and Medical and Dental Care - Sample

Must be completed by parents/guardians of participants under 21 years old.

Parent/Guardian signature must appear below or your child will not be permitted to attend the event.

(I)/(We), the undersigned parent(s) and/or natural guardian(s) of ______________________________________
(participant’s name), _______________________ (Social Security Number), a minor, do hereby authorize my child’s
congregational youth leader (and/or any other adult appointed or designated by him/her) to (i) consent to medical,
surgical, and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical, or dental
procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other
health care personnel providing care for such minor child, and (iii) on (my)/(our) behalf to (a) employ physicians,
surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child,
(b) admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic
facility for examination, treatment, surgery, or care, and (c) sign all necessary consents and authorizations. It is
understood that this authorization is given in advance of the occurrence of any condition or situation which would
necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain
such care if it should be required. I fully understand the consequences of the foregoing statements and sign this
AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely, and willingly.

This authorization shall continue for such time as my child is participating in the (name of this youth event) ______
____________________________ and during travel to and from this event.

IN WITNESS WHEREOF, (I)/(We) have execute this “Authorization to Consent to Medical and Dental Care”
this _____ day of _________________ (month), ___________ (year).

______________________________    ________________________________
Parent/Legal Guardian   Date                  Parent/ Legal Guardian  Date

STATE OF     )
COUNTY OF     ) SS
)

On this _____ day of _________________, ________, before me, a Notary Public, personally appeared and
known to me to be the person(s) who executed the above Consent and stated that it was executed as his/her
(their) free act and deed.

______________________________
Notary Public

(NO NOTARY SEAL)
Emergency Medical Information Form - Sample

Please complete so that health providers can be aware of your personal health needs. Must be completed by all event participants.

Name of Participant: ____________________________________________________________

Does participant have: (if "yes" explain)

- ___ Yes   ____ No  Allergies? ____________________________________________________
- ___ Yes   ____ No  Heart Condition? _____________________________________________
- ___ Yes   ____ No  Other? _____________________________________________________

Is participant subject to: (if "yes" explain)

- ___ Yes   ____ No  Headaches? __________________________________________________
- ___ Yes   ____ No  Seizures? __________________________________________________
- ___ Yes   ____ No  Motion Sickness? ___________________________________________
- ___ Yes   ____ No  Fainting? __________________________________________________
- ___ Yes   ____ No  Sleep Walking? _____________________________________________
- ___ Yes   ____ No  Upset Stomach? ____________________________________________
- ___ Yes   ____ No  Other? ____________________________________________________

Does participant have a reaction to: (if "yes" explain)

- ___ Yes   ____ No  Bee Sting? _________________________________________________
- ___ Yes   ____ No  Penicillin? ________________________________________________
- ___ Yes   ____ No  Other Drugs? ______________________________________________
- ___ Yes   ____ No  Poison Ivy, Oak, Sumac? ____________________________________
- ___ Yes   ____ No  Other? ____________________________________________________

- ___ Yes   ____ No  Has the participant had any serious illness or surgery within the past ten years?
  Please list: ________________________________________________________________

- ___ Yes   ____ No  Does the participant have any condition that would prevent him/her from participating in any Event activities?
  Please list: ________________________________________________________________

- ___ Yes   ____ No  Does the participant take any prescription medication?
  Please list: ________________________________________________________________

- ___ Yes   ____ No  Are any drugs ineffective in treatment?

- ___ Yes   ____ No  Is the participant diabetic? Medication?

- ___ Yes   ____ No  Does the participant have any sigh or hearing impairment?

- ___ Yes   ____ No  Does the participant wear contact lenses?

- ___ Yes   ____ No  Does the participant wear hearing aids?

Blood type: ___________________________________ Date of last tetanus shot: _____/_____/_____ 

A current tetanus shot is required. After 5 years, another tetanus shot is recommended.

Please indicate ANYTHING else that leaders should know to help avoid or deal with any medical situation that might arise:

____________________________________________________________________________
____________________________________________________________________________
First Aid Checklist

The American College of Emergency Physicians has compiled the following list of items for a Travel First Aid Kit. This list will provide you with the necessary "tools" to handle many medical emergencies.

Prior to any foreign or domestic travel, check with your doctor or public health department for specific required immunization/documentation for you and the area you are traveling to.

For the kit itself, a tote bag is recommended because it can hold all the items listed and is easy to carry. Never store your kit in your luggage; put it in your carry-on bag—always keep it with you.

Follow the same precautions with your first aid kit as you would with any medicine. Store out of reach of children and only use products with child safety caps.

Before you leave...

- Visit your doctor prior to traveling. If necessary, have your doctor prepare a medical summary listing medical conditions, operations, allergies, etc. If you wear corrective lenses, take an extra pair on your trip and carry your lens prescription with you. Have TB skin test results recorded by your doctor.
- Ask your doctor to list any medications you are taking, using both generic and brand names. Be sure to pack enough medication for your trip.
- Check your medical insurance policy and health plan for coverage of illnesses or accidents outside the US.
- Assemble Traveler’s First Aid Kit.

Suggested Contents...

- Aspirin, acetaminophen, or ibuprofen: For headaches, pain, fever, and simple sprains or strains of the body. (Aspirin should not be used for relief of flu symptoms are given to children.
- Antihistamine, decongestant cough medicine.
- Antinausea, motion sickness medication.
- Bandages of assorted sizes, including adhesive bandages.
- Adhesive tape and 2” gauze: For dressing wounds.
- Elastic wraps: For wrapping wrist, ankle, knee, and elbow injuries.
- Triangular bandage: For wrapping injuries and making an arm sling.
- Scissors with rounded tips.
- Rubber gloves: To reduce the risk of infection.
- Disposable, instant-activating ice bags: For icing injuries and treating high fevers.
- Antifungal cream: Good for athletes’ foot or ringworm.
- Antibacterial ointment.
- Antibiotic ointment: For burns, cuts, and scrapes.
- Thermometer with case.
- Sunscreen: SPF 15 or higher.
- Insect Repellent: Those that contain 35-55% DEET with stabilizer.
- Anti-Diarrheal Medications: Such as PeptoBismol, Imodium A-D.
- Anti-Malaria medication: If needed for foreign travel.
- Water purifying pills or liquid.
- Hydrochordizone cream: for insect bites.
- Tweezers: To remove small splinters and ticks.
- Safety Pins: To fasten splints and bandages.
Risk Management Checklist

□ Review liability insurance policy
□ Review vehicle insurance coverage
□ Add off-site sponsoring church or agency as additionally insured on certificate of insurance
□ Secure regulatory agency requirements (U.S. Forest Service, foreign consulate, etc.) if necessary
□ Provide medical forms, activity waivers and photo release for participants and parents
□ Gather emergency contact information
□ Secure first aid supplies and organize kits
□ Locate fire extinguishers in accessible areas
□ Share emergency procedures with youth event leaders
□ Provide training for staff (first aid/CPR, conflict resolution skills, emergency procedures, crisis management, sexual ethics, etc.)
□ Arrange for adequate participant supervision (adult to youth ratio appropriate to activity)
□ Determine emergency services access (fire, police, ambulance, hospitals, 24 hour emergency rooms)
□ Practice emergency procedures (drills)
□ Provide contact information to parents/guardians
□ Make contingency plans in case of severe weather
□ Make Incident Report Form copies
□ Arrange for on-site participation health supervision (first aid service/nurse/first response person)
□ Provide training and supervision in the use of equipment or tools for work activities
□ Have legal counsel available
□ Develop emergency response plans for on site (church) activities
□ Develop emergency response procedures for off site activities
□ Invite parents to event information meeting, (invite notary) for witnessing medical release forms
□ Include safety considerations on group covenants
□ Screen potential youth leaders with written application and interview procedures
**Risk Management Resources**

111 Questions to Ponder for Safe and Secure Meetings by Patricia Wargocki, Religious Conference Manager Magazine, August 1996.


Church Safety Begins with People, Church Mutual Insurance Company, Merrill, WI, 1999. 800-542-3465.

The Good Shepherd Program: Tools to Protect Your Church by Preventing Child Abuse, Nexus Solutions, Fort Collins, CO, 1996. 888-639-8788.


Maintaining Safety Away from Your Church, Church Mutual Insurance Company, Merrill, WI, 1999. 800-542-3465.

Make Activities Safer at Your Church, Church Mutual Insurance Company, Merrill, WI, 1999. 800-542-3465.

Make Your Camping Activities Safer, Church Mutual Insurance Company, Merrill, WI, 1999. 800-542-3465.

Nonprofit Alert by Gammon and Grange. A monthly newsletter alerting churches to key legal developments and responsive risk management steps. 703-761-5000.


Recognizing Your Church’s Liability Risks, Church Mutual Insurance Company, Merrill, WI, 1999. 800-542-3465.


The Road to Safer Transportation, Church Mutual Insurance Company, Merrill, WI, 1999. 800-542-3465.


Youth Safety and Your Church, Church Mutual Insurance Company, Merrill, WI, 1999. 800-542-3465.

Center for Disease Control...www.cdc.gov
Health alerts especially for foreign countries

The Nonprofit Risk Management Center...www.nonprofitrisk.org
Website for print and workshop resources

US Department of State Bureau of Consular Affairs...http://travel.state.gov
International travel safeguards

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