

ACCIDENTS ON FIELD TRIPS

Before having students or guests of the college participate in field trips or special events, they must sign a STATEMENT OF RELEASE. A sample STATEMENT OF RELEASE is attached to this procedure. You must keep signed STATEMENTS OF RELEASE for a minimum of three years after the field trip or special event.

The following are steps to be taken in the event an accident happens.

1. Seek medical assistance if required.
2. Obtain assistance from personnel at the site visited if possible.
3. Follow the policies and procedures established by the site you are visiting, using their forms if available.
4. Do not admit liability. Our insurance company will investigate.
5. Obtain a copy of the accident report, witness statements, and any other relevant information. Forward this information to the Personnel Office as soon as possible.

If the site does not have a procedure or if their procedure does not provide for the following, then be sure the following information is obtained.

1. Get the injured party's, name, address, and telephone number.
2. Get the names, addresses, and telephone numbers of any witnesses.
3. As soon as possible prepare a written statement and obtain written statements from other witnesses, be sure to include names, addresses, and telephone numbers. Have statements signed and dated. If witness statement forms are not readily available use whatever paper is handy.

As soon as possible have the injured party document the accident in writing. The statement must be signed and dated.

All statements should include:

- a) date, time, and location of accident
- b) identification of injured party (name, address, telephone no.),
- c) description of the injury or property damage,
- d) description of what happened,
- e) cause of the accident and why it occurred
- f) who was at fault and why

- g) any other relevant information such as weather conditions,
- h) name, address, and telephone number of person making statements,
- i) signed and dated by person making statement.

5. Have pictures taken if appropriate and possible.
6. Forward to the Personnel Office a copy of the accident report, witness statements, and any additional information you obtained.
7. The Personnel Office will report the incident to the College's insurance carrier for follow-up.
8. Report any employee injury to the college's Personnel Office.

FIELD TRIP RELEASE

When students or guests of the college are participating in field trips or special activities a RELEASE FORM must be used. All participants in an activity must sign and return a release before the activity takes place. The college department and/or employee who has responsibility for the activity must keep the signed releases as part of the records for that class or activity. All records of a field trip or activity should be kept for a minimum of three years after the activity has taken place or three years after the complete resolution of any incident which may have occurred during an activity or field trip. In case of an accident it will be necessary to provide copies of signed releases to insurance companies.

Attached find a sample format to use in preparing a release for a particular activity. NOTE that before using this SAMPLE FORM a description of the activity for which it is to be used must be added. The description of the activity must identify any special risks which would be associated with the activity or field trip. If attachments to the release are used make reference to the attachments in the release.

If a class has regular planned field trips or activities as part of the class content, it would be appropriate to develop a single blanket release which would cover all of the expected activities for the entire semester. However, any special activity not specifically covered in a blanket release would require a separately signed release.

*** SAMPLE ***
Statement of Release

Activity: _____

Date(s): _____

I request permission for myself or my legal dependent to participate in this activity. I understand the nature of this activity including the risks and any requirements or instructions which have been provided. I understand that if I am under a physician's care or I am aware of any health issue, I should obtain my physician's approval before participating. I release Allegany College of Maryland and its employees from liability and responsibility and take full responsibility for personal injury or damage to property that results from an accident or from my own negligence while participating in this activity. I assume liability and responsibility for my own actions while participating. It is understood that neither Allegany College of Maryland nor employees of Allegany College of Maryland will assume liability for injury or property damage at any time during this activity.

Should I or my legal dependent become injured during this activity my permission is given to provide or obtain necessary medical attention.

Description of Activity:

YOU DESCRIBE THE ACTIVITY HERE

1. Note any special risks
2. Note any attachments

Participants Name (Print) _____

Signed _____ Date _____
Participant

If participant is under 18 years of age:

Parent/Guardian Name (Print) _____

Signed _____ Date _____
Parent or Guardian