

OUT-OF-AREA TRIP AND OVERNIGHT VISIT POLICY

Adopted by the Board on November 13, 2002

Latest Revision adopted by Board 5/14/08, 5/10/09, 11/7/11

The following policy is adopted by the Board of Trustees (hereinafter referred to as “the Board”) of Windsor County Partners, Inc. to develop safe practices for Junior Partners to travel out of the area or to spend an overnight with their Senior Partners. This policy will be distributed to each current volunteer upon its adoption and to each new volunteer during the training prior to meeting a Junior Partner. The Board will review this policy on a regular basis.

Any changes in policies are distributed to all volunteers in a timely manner upon completion of the revision.

(1) General. The Board recognizes that overnights and out-of-area trips provide Partnerships with additional time and opportunities to deepen their relationship and spend larger amounts of quality time together. However, these opportunities should be an exception, and not the regular type of Partnership activities. In all cases, the safety and well-being of the Junior Partner is of paramount importance. The Senior Partner should always follow any safety guidelines, procedures and precautions associated with an activity.

(2) When Allowed. Spending the night at the Senior Partner’s home is never allowed. After a Partnership has existed for six consecutive months, the Executive Director (the Director), must, in his or her discretion, approve all a\out of area or overnight visits.

A Senior Partner, with permission from the Junior Partner’s parent/guardian, must apply to the WCP office for an out-of-area trip or an overnight visit. These trips may be granted only for special events such as to a baseball game or a camping trip and may be granted no more than 2 times in one year. The Director, Senior Partner and the parent must sign an approval and information form **before** the trip.

(3) Definition of “Out-of-Area” trip: Any outing with a destination beyond 100 miles of the Junior Partner’s home.

(4) Overnight visit. As with any activity, an overnight visit must ensure the safety of the Junior Partner. The parent(s)/guardian(s) must have written information about the place of the overnight visit and phone contact(s). See the permission form for details. Spending the night in the Senior Partner’s home is never allowed.

(5) Prior Permissions Required. Prior written approval from the Director and the Junior Partner’s parent(s)/guardian(s), is required once the Senior Partner has made all necessary arrangements for the care and safety of the Junior Partner during the proposed out of area visit or overnight. This includes obtaining the Windsor County Partners’ permission form, and returning the completed form with the Junior Partner’s parent(s)/guardian(s) signature(s) to the Director **prior to** the date of the planned event, for the Director’s approval and signature.

- (6) Strict Adherence to Policy. No exceptions to this policy will be allowed or considered. If a Senior Partner or parent/guardian does not comply with this policy, and it is without prior approval of the Director, the Partnership may be terminated. If any untoward actions or events arise out of the Senior Partners' actions during an unauthorized overnight or out of area visit, Windsor County Partners will not accept any liability for such actions or events.

I have read, understand and will abide by all provisions of this policy.

Signature, Senior Partner

Date

The forms below must be filled out for all out-of-area trips and/or overnights. They can be found on our website.

PERMISSION AND RELEASE OF LIABILITY
FOR AN OUT-OF-AREA TRIP or OVERNIGHT VISIT

Approved by Board 11/7/11 Form reformatted July 21, 2015

Windsor County Partnerships of more than 6 months may plan an overnight or out-of-area visit or excursion in compliance with the "Overnight and Out-of-Area Visits Policy" after submitting this form, completed, to the Director for her approval, **prior to the date.**

Windsor County Partners' Senior Partner, _____, and WCP Junior Partner, _____, are planning a day / overnight (circle one or both) trip to _____ (location(s)) including overnight accommodations at _____ (location) and can be reached at _____ (phone number(s)) during the trip on _____ (date/s).

They will travel by the Senior Partner's car, with only the Senior Partner driving the entire distance, and _____
(add any other unusual conditions, i.e., other persons to accompany, etc.).

The Senior Partner will return the Junior Partner to _____ (location; i.e., home) at or near _____ a.m. / p.m. (circle one) on _____ (date), or will call the parent/guardian before this time to request permission to make any other return arrangements, as necessary.

For parents:

I recognize and acknowledge that this trip/overnight is outside the scope of a traditional Windsor County Partners' outing, and that while it will be carefully planned and supervised by the Senior Partner, that the risk of injury or disability to either party cannot be totally eliminated. In the event of illness or injury to my child during this outing, I hereby give consent to obtain emergency medical care or hospitalization for my child and to dispense only the medications I have provided as detailed on the reverse side of this form.

I also hereby, myself, my child, my heirs, executors and administrators, waive and release any and all claims for damages my child or I may have against Windsor County Partners, Inc., its Board of Trustees, or employees, jointly and severally, and I agree to indemnify and hold harmless the same, from any liability whatsoever for any injuries or damages on or off the premises or under any other circumstance whatever arising from this trip/overnight.

Out-of-Area visits and Overnights are limited to 2 per year only after successful completion of 6 months of a partnership and require PRIOR written permission from the parents and the Director of WCP.

In case of an emergency, it is imperative that the Senior Partner be able to contact the Junior Partner's parent(s)/guardian(s) and know about any medical conditions.

1. While the Senior Partner is with my child, I can be reached at (phones/e-mail) _____
2. Back-up phone numbers/e-mails and names, in case the parent or guardian cannot be reached (a grandparent, sister, etc.)

2. Does your child know how to swim? ___yes ___no ___a little
3. The name and telephone number of your child's doctor and important medical information, including medical insurance information

4. Please list all medical problems and medications (allergies, heart conditions, etc.) that may restrict activities or impact medical treatment

5. I give permission to dispense following medications: Date Time Dose

Medication _____ _____ _____ _____
 Directions _____

Medication _____ _____ _____ _____
 Directions _____

Medication _____ _____ _____ _____
 Directions _____

List additional medications on another page and attach.

In the event of an accident, Windsor County Partners and all agents acting on its behalf will not be held liable for injuries or damages therefrom. I acknowledge and accept all responsibility for my child's participation in the Windsor County Partners program.

Parent or Guardian: _____ Date: _____