# Table of Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is a Voluntary Field Trip?</td>
<td>1</td>
</tr>
<tr>
<td>Experiences That Are Not Voluntary Field Trips</td>
<td>1</td>
</tr>
<tr>
<td>Why is there a Distinction?</td>
<td>1</td>
</tr>
<tr>
<td>Are Voluntary Field Trips Covered by the College Insurance?</td>
<td>2</td>
</tr>
<tr>
<td>What Can I Do to Minimize Field Trip Risks and Liability?</td>
<td>2</td>
</tr>
<tr>
<td>What Do I Need to Consider in Planning a Field Trip?</td>
<td>2</td>
</tr>
<tr>
<td>Destination Site</td>
<td>2</td>
</tr>
<tr>
<td>Transportation</td>
<td>2</td>
</tr>
<tr>
<td>Trip Expectations</td>
<td>3</td>
</tr>
<tr>
<td>Emergency Planning</td>
<td>3</td>
</tr>
<tr>
<td>Trip Contingencies</td>
<td>4</td>
</tr>
<tr>
<td>Special Requirements for Participation</td>
<td>4</td>
</tr>
<tr>
<td>Compliance with College Policies</td>
<td>4</td>
</tr>
<tr>
<td>Certificates of Insurance</td>
<td>5</td>
</tr>
<tr>
<td>Records and Documentation</td>
<td>5</td>
</tr>
<tr>
<td>What Should I Do if Something Goes Wrong During the Field Trip?</td>
<td>6</td>
</tr>
<tr>
<td>Medical Claims</td>
<td>6</td>
</tr>
<tr>
<td>Property Claims</td>
<td>7</td>
</tr>
<tr>
<td>Vehicle Claims</td>
<td>7</td>
</tr>
</tbody>
</table>
Voluntary Field Trips
Faculty and Staff Guide to Liability, Insurance and Risk Management Issues

What is a Voluntary Field Trip?

A voluntary field trip is an off-campus trip funded or sponsored by Wellesley College but not required for academic credit. Examples include, but are not limited to, travel by the following groups: athletic teams, student clubs and organizations; and voluntary trips during Spring Break, Wintersession or the Summer. These trips are generally coordinated and directed by a faculty or staff member(s) of the College who is/are designated as the Field Trip Leader(s).

Experiences That Are Not Voluntary Field Trips

- Students attending off-campus activities or trips socially.
- Travel for study abroad programs approved or managed by the Office of International Studies as these have their own standing policies and procedures.
- Travel via the Center for Work and Service for an internship or fellowship as these have their own standing policies and procedures.
- Travel which is not funded by the College or travel for which the College has not made any arrangements.
- Travel made by individual students for their own pleasure or convenience, whether or not the student has been advised to undertake such travel by a Wellesley College employee(s) and the travel is not funded by the College nor has it been arranged by the College.
- Travel made by student groups that are not recognized College organizations.

A student traveling off-campus for a trip or outing as part of a course’s curriculum and as a requirement of the course for class credit is participating in an “academic field trip” and not a “voluntary field trip.” Please see the “Wellesley College Risk Management Guide for Academic Field Trips” document for additional guidance.

Why is there a Distinction?

The amount of liability a college or university assumes is directly related to the amount of control an institution has over a given activity. For example, if students organize an activity separate from their involvement in a Wellesley College organization and arrange their own transportation to get there, then Wellesley College is not liable for losses which may occur during the trip since the College does not have control over the trip. As the College gains more control over a field trip through sponsorship or providing resources, then the College’s potential liability exposure related to the trip increases.
Are Voluntary Field Trips Covered by the College’s Insurance?

Wellesley College purchases an insurance policy for liability coverage. Claims against the College are handled by the College’s Risk and Compliance Manager through its insurance broker.

If a claim or suit is presented on the account of wrongful death, personal injury, or property damage as a result of negligence on the part of the College, the liability insurer will investigate and defend as necessary within the coverage terms and conditions.

What Can I Do To Minimize Voluntary Field Trip Risks And Liability?

It is impossible to eliminate all risks entirely. However, advanced planning can help minimize the exposures to Field Trip Leaders, students, and Wellesley College. The following information is designed to serve as a guide to assist Wellesley College faculty and staff in making a reasonable effort to ensure a safe experience for students participating in voluntary field trips under their guidance. (Also see Appendix for a “Checklist for Planning a Voluntary Field Trip.”)

What Do I Need To Consider, As The Field Trip Leader(s), In Planning A Field Trip?

1. Destination Site

   The Field Trip Leader(s) should be familiar with the site and share this knowledge with participants. Lodging premises and locations should be reasonably safe or written documentation should be provided highlighting associated risks.

2. Transportation

   *Please Note: Trips that are outside the continental U.S. should consult with the Office of International Studies and the Office of Risk Management.*

   The majority of Wellesley College field trips are by College-owned vehicle, however, trips by chartered buses and commercial airlines also occur. Determine your transportation needs in advance to allow time to make the necessary arrangements.

   • Travel Using College-owned Vehicles

     Wellesley College Motor Pool (x3280) can assist in determining the type of vehicle(s) needed for a field trip as well as the vehicle borrowing rules and requirements. *Students are not allowed to drive College-owned vehicles for field trips.* All prospective drivers of College-owned vehicles must undergo a motor vehicle record (MVR) check to be authorized to drive a college-owned vehicle. To request an MVR check authorization form, please contact the Risk Manager (x2302). The completed form should be submitted to Risk Management via campus mail or in person well in advance of the travel to allow time for the MVR review and approval decision.
• **Travel Using Faculty or Staff Personal, Rental or Borrowed Vehicles**

Faculty and staff are strongly encouraged to use College-owned vehicles for all field trips rather than their own personal vehicle. If using a personal vehicle, faculty and staff should understand that their own personal auto insurance (liability and property damage) is primary. Therefore, transporting College students increases the personal liability of the faculty or staff driver. Anyone using a personal vehicle should have minimum liability limits of $500,000 CSL (Combined Single Limit). For non-owned (including rentals, personal, or borrowed) vehicles, the College’s liability insurance will apply only as excess liability coverage. The College’s travel reimbursement program includes a provision for insurance expenses in the mileage rate calculation for personal vehicle use. In an accident, the non-owned vehicle owner must look to his or her own automobile insurance coverage as the primary insurance. Any deductible on the automobile insurance policy will be the responsibility of the vehicle owner and not the College.

3. **Trip Expectations**

The Field Trip Leader(s) should provide the participants with an orientation prior to departure. The type of field trip will dictate the level of detail needed in the orientation, but both verbal and written communication is essential. Orientation for field trip participants should include procedures for a “buddy system” and information on known risks as well as local cultural, custom and legal requirements.

The Field Trip Leader(s) should determine whether immunizations are required, what skills are necessary, what students should do to acquire those skills and how competency will be evaluated prior to the trip. The number of Field Trip Leader(s) for the trip and their competency level should be based upon the number of students and range of their skill levels.

Orientation materials should include the following:
• trip destination and purpose
• a travel itinerary
• route, rest and meal stops
• lodging information
• transportation information
• appropriate clothing or gear
• the established rules and protocols specific to the field trip.
• a summary of activities and physical requirements students will encounter
• any known or unusual circumstances that would require advance preparation or equipment
• any known unique hazards.

4. **Emergency Planning**

The type of field trip also dictates the level of emergency planning needed. If the trip location is remote, it is strongly recommended that at least two persons on the trip have
first aid skills, a first aid kit and a cell phone or appropriate means of communication in the event emergency aid is needed. Confirmation that cell phones will operate from the field trip site should be made in advance so that alternative arrangements can be made if needed. Also, determine a protocol for circumstances that may necessitate the Field Trip Leader(s) leaving the group to accompany an injured or ill student.

The Field Trip Leader(s) should make sure that each field trip participant completes an Emergency Medical Information form (See Appendix). A copy of this document should be kept with the Field Trip Leader(s). This document should be destroyed after the trip is over.

Students should be reminded to carry ID and medical insurance cards. The Field Trip Leader(s) should carry emergency phone numbers to reach key contacts at Wellesley College; however, all participants should know how to contact the institution from the site, find and use the first aid kit, access a cell phone or other phone and what to do if separated from the group.

5. Trip Contingencies

Even with the best planning efforts, things can still go wrong. Try to anticipate complications that could arise, and then develop contingency plans in advance.

Examples include:
- a student needs to leave early because of a personal emergency;
- a student violates established rules;
- weather or transportation delays or cancellations.
- Understand any contract limitations or restrictions. Will the “unused portion” of pre-paid trip expenses be refundable?

6. Special Requirements For Participation

If any of the students going on the field trip have disabilities or special requirements that may need to be accommodated, then the Office of Disability Services (x2434) can assist with information and accommodation requests for students. Be sure to let all students know this is an option during trip planning.

7. Compliance With College Policies

Make sure all participants understand that College policies for faculty, staff and students apply to field trips regardless of the location. This includes the College’s Honor Code. Instructional activities and settings should be consistent with Wellesley College policies including, but not limited to, policies on alcohol and drug use, policies on harassment and sexual misconduct and the policy on hazing.
Field Trip Leaders are considered responsible employees under Title IX and need to be trained on those duties. Field Trip Leaders are mandatory reporters of all incidents of sexual discrimination (including sexual violence) and should be trained to handle complaints of sexual assault, domestic violence, dating violence and stalking. This includes being attentive to the needs and rights of both victims and alleged perpetrators. For more information, please contact the College’s Title IX Coordinator, x2214.

Field Trip Leaders are also designated as Campus Security Authorities (CSAs) under the Clery Act, and need to receive the same training as CSAs on the home campus. For more information, please contact the Lieutenant of the Wellesley College Police Department, x3883.

8. **Certificates of Insurance**

Sometimes the field trip destination, organization, or establishment will require a Certificate of Insurance from Wellesley College prior to use of their facility or event participation. If asked to provide this document, the Office of Risk Management (X2302) can provide a Certificate of Insurance for other parties. Please complete the form found here: [http://www.wellesley.edu/risk/facstaff/certins](http://www.wellesley.edu/risk/facstaff/certins) in order to submit a request for a certificate of insurance.

9. **Records and Documentation**

Field Trip Leaders should consider the nature of the field trip and review documentation to ensure that language is clear and accurate when providing information to participants or preparing release statements. These are written records that should be obtained in advance of the field trip and easily accessible. We recommend that the Field Trip Leader have copies, as well as maintain a back-up record in the departmental office. See the Appendix for sample forms.

- **Trip Authorization.** Ensure documentation exists at the departmental level indicating the trip is a College authorized program and retain a list of authorized attendees. The department should also have a copy of the itinerary and contact information.

- **Emergency release** for medical treatment and emergency contact information (See Appendix).

- **Liability Waivers and Releases** The Field Trip Leader should ask each student to complete and sign the Wellesley College Student Consent and Release Agreement. (See Appendix). Once obtained, the Field Trip Leader should keep a copy of each release form in a file for three years, then discard. The Office of Risk Management does not need to collect signed forms. However, in the event of an accident or injury, the Risk Manager may reach out to a Field Trip Leader for a copy of the signed form.
What Should I Do If Something Goes Wrong During The Field Trip?

In the event of an emergency, Field Trip Leader(s) should attend to the injured and then determine what condition(s) or act(s) caused the injury or illness. The Field Trip Leader(s) should initiate any steps that are necessary to prevent similar incidents in the future.

Things to look for are:

- Specific sequence of events that led to the emergency situation.
- Conditions that may have contributed to the emergency situation.
- Statements from eyewitnesses, if available.

As soon as possible, the Field Trip Leader(s) should contact his/her/their department(s), the Dean of Students’ Office, and Public Safety to report the situation and receive assistance.

For College sponsored travel greater than 100 miles from campus, the College’s Group Travel Accident Insurance and Travel Assistance Services are available to faculty, staff and students. Field Trip Leaders should become familiar with the coverage and bring brochures on the field trip. See the Appendix for more information and call the Risk Manager, X2302, with any specific questions.

Once it is possible to document the incident, the following procedures apply for reporting claims:

Medical Claims

- Faculty and Staff Work-Related Injuries and Illnesses (Workers’ Compensation)

  Faculty and staff who are part of sanctioned field trip experiences are considered to be working within the scope of their employment. If an injury occurs to an employee during the trip, employees are covered by Wellesley College’s workers’ compensation insurance policy as long as the accident or injury arises out of or during the course of their work activity.

  Employees are responsible for notifying their supervisor of an injury or illness. The supervisor is then responsible for completing an Accident and Reporting Treatment (A.R.T.) form (see Appendix) and submitting it to the Office of Human Resources and the Office of Environmental Health and Safety within 24 hours, unless the accident resulted in a work-related fatality, hospitalization or amputation in which case it should be reported immediately.

  Incidents that are not reported may cause employees to be ineligible for future benefits related to this injury or illness. Please note: an employee cannot receive reimbursement for medical expenses from both a workers’ compensation policy and a group medical plan.
• **Student Accidents or Injuries while Participating in a College Activity**

The Field Trip Leader(s) should use the Field Trip Incident Report Form (see Appendix) to report any accident or injury to a student that occurs during a field trip. This information is necessary in order to provide the Office of Environmental Health and Safety with documentation that will assist the College in taking appropriate steps or corrective measures to eliminate hazards that may be connected with College activities or to help determine negligence on the part of the institution if required.

Students are responsible for their own medical insurance coverage for field trips just as they are while attending classes on campus. The student’s medical insurance is considered primary unless it is established that the accident or injury was caused by a negligent act on the part of Wellesley College.

**Property Claims**

All losses or damage to College property should be reported to the Office of Risk Management, x2302. **Please be advised - the use of personal property by employees or students while on a field trip is at your own risk.** Wellesley College does not pay for loss, theft or damage to personal property.

**Vehicle Claims**

• **College Vehicles**

Report the accident immediately to Campus Police, x2121. Also report the accident to Motor Pool, X3280, as they can help to arrange for transportation in the event you need transportation back to campus. “Hit and run” and vandalism incidents are criminal incidents and should be reported within 24 hours to the Campus Police or local police, if off campus. Risk Management will be notified about motor vehicle accidents involving College-owned vehicles by Campus Police, Motor Pool or both.

• **Non-Owned College Vehicle, Personal, or Borrowed Vehicle while you are Conducting College Business**

Report the accident to the Office of Risk Management, x2302.

**Any additional questions???**

Please feel free to contact the College’s Risk Manager at x2302 for any questions related to this guide.
Appendix

1. Checklist for Planning a Wellesley College Voluntary Field Trip
2. Insurance Requirements for Rental Vehicles
3. Field Trip Incident Report Form – for reporting student (non-employee) injuries
4. Accident Reporting and Treatment (ART) Form – for reporting employee injuries
5. Student Consent and Release Agreement
6. Emergency Medical Information Form and Medical Treatment Authorization
7. Europ Assistance Brochure and Card
Checklist for Planning a Wellesley College Voluntary Field Trip

Planning:
- Obtain departmental approval (when appropriate) for field trip
- Establish a written contract if the collaborating entity is coordinating all or part of trip responsibilities
- Ensure that both Title IX and Campus Security Authority training has been completed as part of the responsibility of being a Field Trip Leader.
- Outline consistent, reasonable and prudent policies and procedures within department for all field trips such as:
  - Health and safety standards and policy on activities
  - Orientation for faculty, staff and students
  - Required administrative written documentation
  - Student health and accident insurance
  - Release agreement (Parental signature under legal age, note risks on form)

Accommodations - Specify realities of lodging and travel prior to field trip:
- Let all students know to contact the Office of Disability Services X2434 to make any necessary arrangements.
- Cancellation policies when fees are collected as a group
- Housing (family/home stay, rooming preference, dorm, apartment, hotel, etc.)
- Meals (who provides food, alcohol consumption, etc.)
- Transportation (air, bus, personal vehicle, rental vehicle, College-owned vehicle)

Orientation meeting: discuss and provide written documentation:
- Field trip expectations – conditions of participation
- Approved and restricted activities
- Acknowledge risks and realities of field trip site
- Behavioral expectations
- Any zero tolerance issues
- Student misconduct or threats to the safety of others
- Climate at the field trip site
- Appropriate clothing and gear
- Communication and information resources (phone, fax, e-mail, etc.)
- Emergency plans and incident reporting procedures (accidents, theft, problems with staff or other participants, illness, weather delays)
- Emergency contact information
- Cell phones/Buddy Systems
- Procedures for separation from group
- General safety and personal security
- Health and safety guidelines including any possible health hazards
- College policies that will apply:
  - College’s Honor Code
  - Alcohol or drug use policy
  - Sexual misconduct and hazing policies
  - Other policies
Orientation meeting: discuss and provide written documentation (continued):
- Outline any relevant expenses
- Inform participants of required pre-trip documentation
- Waivers, insurance coverage, permission forms

Clarify:
- All contracts and agreements
- Students’ adult role in policy, information and procedures
- Expectations when students are acting independently of the program
- Insurance
- Medical coverage for students, faculty and staff
- Liability (institutional and personal)

Assemble paperwork you will be taking:
- Signed Emergency Medical Information Form
- Signed Student Consent and Release Agreements
- Emergency contacts for each site
- Itinerary

Finally:
- Look forward to your trip as you are now a well-prepared Field Trip Leader!
Insurance Requirements for Rental Vehicles

On occasion, it may be necessary to use commercial rental vehicles for field trip transportation. Vehicle rental agreements should be signed on behalf of the College by your own name (i.e. Wellesley College by Jane Doe).

Here is some guidance on car rental insurance:

- **Insurance You Should Take:**
  The insurance coverage called variously "Collision", "Loss Damage", "Loss Damage Waiver", or "Damage Waiver". This type of insurance covers damage to or theft of the rental vehicle.

- **Insurance You Should NOT Take:**
  - Insurance offered as "Personal Accident" or "Personal Injury" insurance covers the medical bills of the driver of the rental car and any passengers. This is redundant for persons covered by a health plan.
  - Coverage variously titled "Additional Liability" or "Liability" or "Excess Liability" pays for damage to other people or their property. The College has a policy which covers this exposure.

- **Optional Insurance You May Buy But the College Will Not Provide Reimbursement:**
  - Another type of insurance is variously called "Personal Effects" or "Personal Belongings" insurance. This add-on provides coverage for the personal belongings of the driver or passengers in the rental car. There is no substitute for this coverage within the College; a person's belongings are their own responsibility. Your homeowner's or renter's insurance policy covers your property anywhere in the world. This coverage is subject to your personally selected deductible.

Please remember to inspect any rented vehicle before driving it and note any dents, scratches or other damage to the vehicle on the rental form. It is acceptable to take photographs of the rental vehicle before leaving the rental agency location.
Field Trip Incident Report Form

To be filled out within 24 hours of incident

Please circle all that apply relative to this incident:

<table>
<thead>
<tr>
<th>Full-Time Employee</th>
<th>Part-Time Employee</th>
<th>Casual Wage Employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Student</td>
<td>Student Employee</td>
<td>Contractor</td>
</tr>
<tr>
<td>Other (please describe)</td>
<td></td>
<td>Volunteer</td>
</tr>
</tbody>
</table>

Name ________________________________________________ D.O.B. ___ / ___ / ______

Department (if applicable) ____________________________ D.O.H. (if applicable) ___ / ___ / ______

Incident Date ____ / ____ / ______ Time: _____:_____ AM or PM (circle one)

Location: Town/City __________________ State:______ Country: ________________

Exact Area: _______________________________________________________________________

Witnesses:
_________________________________________________________________________________
_________________________________________________________________________________

Description of Incident:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Root Cause (be specific):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Contributing Factors (ie. weather, lack of training):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

List Corrective Measures that could be taken:
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Medical Treatment:

[ ] No treatment

[ ] First aid only at location, treatment (describe) _____________________________

[ ] Medical (indicate medical care provider/clinic)

______________________________________________________________

[ ] Other (describe)

______________________________________________________________

Employee/Student Signature

______________________________________________________________

Field Trip Leader(s) Name (please print) ____________________________ Phone __________________

Field Trip Leader(s) Signature ____________________________ Date __________________

Copies: (1) a copy for supervisor, (2) send one copy to Environmental Health & Safety

Questions?? Call x 3882
**Workers Compensation Medical/Loss Time**

If you are injured while at work and are planning to seek immediate medical attention or end up seeking medical attention please make sure to read all the information below.

- Please make sure that you have noted on the Accident Report Form that you are going to a Dr. to be seen for your work related injury.
  - Also contact the Human Resources office at 781-283-2231 to notify us prior to being seen as some Dr.’s offices require pre-approval from our workers compensation company for your visit.

- If you are going to be out due to a work related injury:
  - You need to make sure to have a note from your treating physician putting you out of work
  - Please have this note faxed to the Human Resources office at 781-283-3663

- If you are managing your own care for your work related injury:
  - Please make sure that both Meadowbrook TPA Associates and the Human Resources Office receive updates from your treating physician
  - The treating physician may fax us at:
    Meadowbrook – 978-681-1987
    Human Resources – 781-283-3663

- Once your physician has cleared you to return to work:
  - Fax the return to work information to both Meadowbrook TPA Associates and the Human Resources Office.
  - If there are restrictions with your return to work the Human Resources Office will go over these restrictions with your department to make sure they are able to accommodate the restriction and the Human Resources Office will contact your directly to confirm your return to work date.

- If you would like to make changes or stop any of your Wellesley College benefits while you are out of work, please contact our Benefits Specialist at 781-283-2212.

- Please make sure to provide your Dr.’s offices with our workers compensation company information below. You will receive a confirmation letter from Meadowbrook when your claim has been approved which will include a claim number to provide to your Dr.’s office for billing purposes.
  - Any bills that you receive directly should either be forwarded by you to Meadowbrook or you should contact your physician’s office to have them redirect the bills to Meadowbrook.

  Meadowbrook TPA Associates
  10 New England Business Center
  Suite 303
  Andover, MA 01810
  Main # - 978-691-2470
  Fax # - 978-681-1987
Please sign and return this page to the Human Resources Office immediately.

- While you are out due to your work related injury you must make arrangements with the Human Resources Office to pay for the employee portion of your health and/or dental benefits, and/or supplemental Life insurance, if applicable.

- **Benefits Payment Options:**
  Please check off which option you would prefer and return this form to the Human Resources office by fax, mail or drop off.
  
  _____ Please supplement my time with sick/vacation/personal time so that I am receiving full pay while I am out due to my work related injury.
  
  _____ Please supplement my time with sick/vacation/personal time to cover my health/dental benefits/supplemental Life insurance.
  
  _____ I do not wish to supplement my time and please bill me for my portion of my health/dental benefits/supplemental Life insurance.

**If you run out of time to continue to supplement we will then start to bill you for your portion of your health and/or dental benefits. If you have questions/concerns about paying for your benefits please contact our Benefits Specialist at 781-283-2212.**

**Important - Please Read:** If the Human Resources Office does not receive this form or hear from you directly then you will go into an unpaid status and will be automatically billed for you benefits. Continuation in the benefit programs while on leave, requires you continue to make your plan contributions. Failure to pay your contributions will result in removal from the benefit plan. Removal will be effective following 60 days of non-payment.

Please feel free to call us at 781-283-2231 with any other questions or concerns.

____________________________________  ______________________
Employee Signature               Date

____________________________________
Print Name

Please sign and return this page to the Human Resources Office immediately.
SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Member:
Address or Location No.:

WHEN:
Date and Time of Accident: ________________ Reported to: ________________
Report to Supervisor or First Aid Delayed? Yes  o  No  o
If "Yes," Why:_________________________________________________________

WHO:
Injured Person: ____________________________ Occupation: _______________________
Dept.: ____________________________ Length of Employment: ________________ Age: ________________
Full time o  Part time o  Temporary o  Student o  Date of Hire: ________________

INJURY/LOSS: Nature/Extent of Injuries or Property Damage:

WHERE:
Exact Location Where Accident Occurred: ________________________________________

WHAT:
Type of Accident: ___________________________________________________________
Was employee doing something other than required duties at time of accident?
Yes  o  No  o  If "Yes," what and why: ________________________________________

Description of Accident (detail what employee was doing, and what physical objects, tools, machines,
structures of equipment were involved):

WHY:
Determine Accident causes and comment fully here.

1) Immediate Causes
1) Unsafe act(s) / unsafe condition(s):

2) Basic Causes
2) Management, people, equipment, material, environment :

PREVENTION:
What should be done and by whom to prevent recurrence of this type of accident?

What action are you taking to see that this is done?

Follow-up requirements:

Date of follow-up:

Investigated By ____________________________ Date: ________________
Supervisor's Signature: ____________________________ Date of this report: ________________
Department Manager's Signature: ____________________________ Date: ________________
Executive's Signature: ____________________________ Date: ________________
# Accident Reporting Form

**Employee Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name</td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td></td>
</tr>
<tr>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Shift</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Current Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Employee Signature (if available):</td>
<td>Date:</td>
</tr>
</tbody>
</table>

**Incident Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Description</td>
<td></td>
</tr>
<tr>
<td>Supervisor</td>
<td>Reported To</td>
</tr>
<tr>
<td>Witnesses</td>
<td></td>
</tr>
<tr>
<td>Location where injured</td>
<td></td>
</tr>
<tr>
<td>Medical Treatment Required:</td>
<td>Yes [ ] No [ ]</td>
</tr>
<tr>
<td>Treating Physician/Facility</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone Number</td>
<td></td>
</tr>
<tr>
<td>Injury Description</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Body Part</th>
<th>Side of Body</th>
<th>Type of Injury (i.e. sprain/strain, bruise)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**

Will you lose any time due to this injury? Yes [ ] No [ ]  
First day out of work:

**Notes/Comments**

Please put in any additional information here:

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When completed please fax form to the Human Resources office at 781-283-3663 and to the Health and Safety Department at 781-283-3643.
Wellesley College Student Consent and Release Agreement

I ____________________________, by my signature below, hereby knowingly, willingly and voluntarily consent to participate in the ____________________________________________ trip (“the trip”) led by ____________________________________________ (Name of Field Trip Leader(s)) on or about _____________,20___ (month day, year) through ____________,20___ (month day, year).

I hereby acknowledge and understand that Wellesley College neither accepts nor assumes responsibility for my welfare, or for any injuries, claims or losses arising from my participation in this non-credit bearing trip. In consideration for my participation in the trip, I, on behalf of myself, and my executors, heirs, administrators or assigns, hereby release and forever discharge the College, its Trustees, officers, employees and agents, and ____________________________________________ (Name of Field Trip Leader(s)) of and from any and all claims or causes of action arising from my participation in the trip. In addition, I hereby agree to release, indemnify and forever discharge the College of and from contribution or indemnification with respect to any claim made against me by any person or entity in connection therewith, or against the College in connection with my acts or omissions during the trip.

Name Printed:_________________________________________

Signature:_____________________________________________

Parent or Guardian’s Signature (if participant is under 18 years of age) ___________________________

Date:_________________________________________
Wellesley College Emergency Medical Information Form

Information on this form will be used only for medical purposes in case of an emergency on this trip. Your medical information will only be accessible to the trip leader(s) and this document will be destroyed after the trip is over.

Name of Participant: _________________________________

Emergency Contacts

Primary Contact
Name: _________________________________ Relationship to you: _________________________________
Day Phone: _________________________________ Evening Phone: _________________________________ Cell: _________________________________
Home Address: ____________________________________________________________________________

Secondary Contact
Name: _________________________________ Relationship to you: _________________________________
Day Phone: _________________________________ Evening Phone: _________________________________ Cell: _________________________________
Home Address: ____________________________________________________________________________

Medical Insurance Information
Insurance Company: ______________________________________________________________________
Primary Care Physician: _________________________________ Doctor’s Phone: _________________________________

Allergies
Please list any food, medication or other allergies you have: ______________________________________
____________________________________________________________________________________

Medical Conditions
Do you have any medical condition that requires special precautions or treatment? ○Yes ○No

If yes, please list (for example, diabetes, epilepsy, high blood pressure, heart disease, pulmonary disease such as emphysema or bronchitis, asthma, cancer, medication-dependent depression or anxiety):
____________________________________________________________________________________
____________________________________________________________________________________
I certify that the above information is correct to my knowledge.

SIGNATURE _________________________________ DATE ________________________________

MEDICAL TREATMENT AUTHORIZATION

I, the undersigned, do hereby authorize Wellesley College and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Name Printed: _________________________________
Signature: _________________________________ Date: _________________________________

Parent/Guardian’s Signature (if participant is under 18 years of age) ______________________________
Date: ________________________________
ATTENTION

In the event of a medical emergency call Europ Assistance immediately and reference plan code: 01AH585

24-Hour Access
1-800-243-6124 toll free in the USA or Canada
1-202-659-7803 collect outside of the USA

Call when:
• You require a referral to a doctor or hospital
• You are hospitalized
• You need to be evacuated or repatriated
• You need to guarantee payment for medical expenses
• You experience local communication problems
• Your safety is threatened by the sudden occurrence of a political or military event

When you call Europ Assistance, please be prepared with the following information:
1. Name of caller, phone no., fax no., relationship to Covered Person;
2. Covered Person’s name, age, sex and policy number;
3. A description of the Covered Person’s condition;
4. Name, location, and telephone number of hospital;
5. Name and telephone numbers for the treating doctor; where and when the doctor can be reached;
6. Health insurance information, worker’s compensation, or automobile insurance information if the Covered Person had an accident.

“Covered Person” means the person insured under the applicable ACE policy.

By requesting assistance you agree to assign to us your rights to recover from any of your responsible insurers any expenses we incurred.

ATTENTION
Medical Personnel or Police

In the event of a medical emergency, Europ Assistance will provide the services on the card below. To verify eligibility call the multi-lingual call center 24 hours a day toll free at 1-800-243-6124 if you’re inside the USA or Canada; or if you’re outside the USA call collect at 1-202-659-7803.

This information provides you with a brief outline of the services available to you. These services are not insured benefits. Reimbursement for any service expenses is limited to the terms and conditions of the policy under which you are insured. You may be required to pay for services not covered. A third party vendor may provide services to you. Europ Assistance makes every effort to refer you to appropriate medical and other service providers. It is not responsible for the quality or results of service provided by independent providers.

In all cases, the medical provider, facility, legal counsel or other professional service provider suggested by Europ Assistance are not employees or agents of Europ Assistance and the choice of provider is yours alone. Europ Assistance assumes no liability for the services provided to you under this arrangement, nor is it liable for any negligence or other wrongful acts or omissions of any of the legal or health care professionals providing services to you. Travel assistance services are not available if your coverage under the policy is not in effect.