

Bayside Presbyterian Church  
Virginia Beach, VA  
**Transportation Policy**  
Approved by Session October 2015

**Introduction.** This document provides the policy for transportation members and guests of Bayside Presbyterian Church for off-site church-sponsored functions. As these functions often involve the transportation of our youth at Bayside, it is particularly important that these rules be followed. This document contains the following sections:

- Transportation and Fund Use Policy
- Transportation Request and Itinerary
- Permission Form

**General Vehicle Safety**

- BPC highly recommends that drivers do not operate cell phones while driving except to communicate with other vehicles in the group. If you must use your cell phone while driving, the following should apply:
  - Where state laws exist to restrict or limit cell phone usage, all drivers shall meet the requirements of those laws.
  - Where no laws exist, all cell phone usage should be restricted while driving. These restrictions include the use of hands-free devices, auto answer, and/or voice-activated dialing.
  - Calls should be brief and to the point. Extended calls should be avoided.
  - All calls should be avoided in inclement weather and heavy traffic.
  - Walkie-talkies and similar devices may be used for communication between vehicles but should follow the same rules as cell phones.
- Texting is never authorized for drivers *enroute* to a destination.
- Drivers and passengers, regardless of age, must at all times wear a seatbelt. And, never transport more people in a car than there are seatbelts available.
- All passengers must remain seated while the vehicle is in transit.
- Drivers must be 25 years of age or older and have a valid driver's license that has not been suspended or revoked for any reason.
- Drivers must meet the criteria of an insured driver. Driver's license and insurance information must be on file at the church.
- BPC has a general insurance policy with Church Mutual. The policy can be found in the treasurer's office.
- A travel itinerary (form included in this document) must be filled out on all events and left with a designated staff member or volunteer of BPC.
- Each minor must have a Permission Form signed by their parent/guardian before the transportation of that child can take place. Permission Forms are included in this document.
- Emergency kits are available from the church secretary and must be in vehicles for every trip. These kits will include items necessary in the event of a vehicular breakdown or accident.
- No youth should drive themselves to any event; no youth may drive any other participants to, from or during the event.
- Children and youth must obey the driver and other adult chaperones in transit.

**Breakdowns, Emergencies, and/or Illness Enroute.**

- Breakdowns are to be phoned to a designated staff member or volunteer of the congregation. Other adults will supervise while help is sought out. Instructions will be given from the contactee regarding whether to wait for assistance or to seek local help, depending on the location of the breakdown.
- Passenger illness will be treated in a prompt and caring manner and will include, if necessary, stopping *enroute* to rest or to seek professional medical assistance. In the event stopping becomes necessary, the adults will notify the designated staff member or volunteer of the congregation and/or the parent by phone as soon as possible.
- The Adult leader should have a copy of all medical release forms and should keep them in an accessible location.

## **Accident Procedure.**

- Remain as calm as possible. Avoid any inclination to react in anger, particularly when encountering another driver behaving irrationally.
- When involved in a minor accident with no serious injuries, move the vehicle and occupants safely to the side of the road, out of the way of traffic. If a vehicle cannot be moved and no injuries have occurred, drivers and passengers should remain in the vehicle with seat belts fastened until help arrives. Turn on hazard lights and if safe to do so, place cones, flares, or warning triangles as available in the emergency kit mentioned above.
- Determine what, if any injuries were sustained by your vehicle occupants.
- Call the police (911) to report the accident, and do not leave the scene before the police have arrived. Get the police officer's name and badge number.
- While on the phone with 911, ask for emergency medical help if anyone involved in the accident is bleeding, feels lightheaded, or is suffering from any physical injury. Always err on the side of caution and call for help. Unless someone at the scene is specifically trained in emergency medical procedures, wait until help arrives before attempting to move a person or perform emergency aid.
- For minor injuries, use the First Aid supplies in the Emergency Kit to administer First Aid as appropriate.
- If an injured party is transported to an area hospital, attempt to find out which hospital is being used. Only the designated staff person or volunteer of the congregation will contact parents of injured passengers – except in the event that a hospital insists on contacting the parents regarding treatment of their child.
- When the situation is stabilized or if there are no injuries:
  - Exchange names, license numbers (driver's and vehicle), and insurance information with the drivers of other vehicles involved.
  - Get the names, addresses, and phone numbers of any witnesses present.
  - Call the designated staff member or volunteer of the congregation and inform them of the accident. The staff member or volunteer will then direct you on how to proceed based on the situation.
  - If able to, use your cell phone camera to document the accident – photograph damage to all vehicles involved, road conditions, intersection site, traffic signs or signals, etc.

## **Transportation Funding**

**Background:** In February 2015, BPC Session voted to sell the church van and re-designate the existing “Van Replacement Fund” as the “Transportation Fund” and to be used for the purpose of supplementing transportation costs for church sponsored trips. In March 2015, the Christian Education Ministry was designated to write the Transportation Fund Usage Policy since it was the youth and other Christian Education programs that most often required transportation.

**Purpose of Funds.** These funds can be used for the rental of ground transportation for church sponsored trips, gasoline for vehicles driven on church sponsored trips, as well as mileage reimbursement for privately owned vehicles, if it is cost effective to do so. This can include both youth and adult trips. At this time, the funds cannot be used for air or rail transportation.

**Responsible Ministry:** Christian Education

### **Process.**

Any Ministry or Staff can initiate a request to use these funds, as long as the purpose meets the intent of Session's guidance, and there are sufficient funds in the account. A form is provided within this policy paper. Requests must be directed to the Christian Education Ministry through the Director of Christian Education. The C.E. Ministry, with assistance from the Treasurer, will approve or disapprove the request.

**Annual Transportation Fund Review.** The Christian Education Ministry will review the balance available in this account on an annual basis. If additional funds are required, CE will request them in their Asking Budget.

**Bayside Presbyterian Church  
Transportation Request  
and Itinerary**

Bayside Church Group \_\_\_\_\_  
Event or activity \_\_\_\_\_

Name of Requestor \_\_\_\_\_  
Travel date(s) \_\_\_\_\_  
Destination \_\_\_\_\_

Drivers: (2 maximum authorized) \_\_\_\_\_  
(Please attach a copy of the Driver's Drivers' License before departure.)

Total number of passengers (including driver) \_\_\_\_\_

Phones: (2 required) \_\_\_\_\_  
Emails: (2 required) \_\_\_\_\_

Departure location and date/time \_\_\_\_\_  
Estimated date/time of arrival at Destination \_\_\_\_\_  
Return location and date-time \_\_\_\_\_

Rental Car:  
Agency/Estimated Cost: (attach estimate) \_\_\_\_\_  
Estimated gas cost: (attach route/mileage) \_\_\_\_\_

POV Use:  
Owner: \_\_\_\_\_  
Make/Model/Year of Vehicle \_\_\_\_\_  
Estimated reimbursement: \_\_\_\_\_  
POV may only be used if it is a less expensive alternative to a Rental Vehicle.

Special instructions/requests (Please describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bayside Presbyterian Church  
Medical Release & Permission Form  
Parental Permission for Minors**

Bayside Presbyterian  
1400 Ewell Road  
Virginia Beach, Virginia 23455

Effective Dates: \_\_\_\_\_

Please print in ink

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

LAST FIRST MIDDLE  
Year in school \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

**Medical History**

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:  
\_\_\_\_ good swimmer      \_\_\_\_ fair swimmer      \_\_\_\_ non swimmer
2. Does your child have allergies to:  
\_\_\_\_ medications      \_\_\_\_ food      \_\_\_\_ insect bites      \_\_\_\_ other \_\_\_\_\_
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
\_\_\_\_ asthma      \_\_\_\_ epilepsy / seizure disorder      \_\_\_\_ heart trouble      \_\_\_\_ diabetes  
\_\_\_\_ frequent upset stomach      \_\_\_\_ physical handicap
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear      \_\_\_\_ glasses      \_\_\_\_ contact lenses      \_\_\_\_ hearing aid
6. Does your child take medication?      \_\_\_\_ Yes      \_\_\_\_ No
7. Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_  
  
(All medication will be kept and dispensed by an adult youth leader.)
8. Please list and explain any major illness your child experienced during the last year:
9. Additional comments:
10. Should your child's activities be restricted for any reason? Please explain:

**Bayside Presbyterian Church  
Overnight Event  
Medical Release & Permission Form – Page 2**

**For your information, we expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarter
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' expense.**

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation please submit your wishes in writing to the Director of Christian Education prior to that event.

\_\_\_\_\_ has my permission to attend all youth activities sponsored by Bayside Presbyterian Church (hereinafter the "Church") from \_\_\_\_\_ to \_\_\_\_\_.  
(date) (date)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demand, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Please attach a copy of your child's health insurance card.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_