

Board Office Use: Legislative File Info.	
File ID Number	22-1042
Introduction Date	5/11/22
Enactment Number	22-0902
Enactment Date	5/25/2022 er



**OAKLAND UNIFIED
SCHOOL DISTRICT**
Community Schools, Thriving Students

Board Cover Memorandum

To Board of Education

From Kyla Johnson-Trammell, Superintendent
Sondra Aguilera, Chief Academic Officer
Aubrey Lane, Principal, Edna Brewer Middle School

Board Meeting Date May 11, 2022

Subject Approval of Request for Student Travel

Action Requested	Approval by the Board of Education of Board Resolution No. <u>2122-0199</u> , authorizing student travel by school site <u>210/Edna Brewer Middle School</u> to National Community Restorative Justice Conference, Chicago, Illinois, for the period of <u>July 6, 2022</u> through <u>July 9, 2022</u> . Grade(s): <u>6,7,8</u> # of Students: <u>20</u> # of Adults: <u>6</u>
Educational Purpose of Trip	As OUSD holds Restorative Justice Practices (RJP) with high regard. Edna Brewer being a leader in community and peer RJP will be able to learn and share what we value at this conference. Students selected from the Edna Brewer peer RJ leadership team will attend.
Itinerary and activities	Students will depart on 7/6/22 and return on 7/9/22. Our students will present workshops in RJ circle format on 7/7 through 7/9. Students will also guide certain panel discussion at the National Community Restorative Justice (NACRJ) Conference.
Teachers and Staff Attending Trip	Ms. Ben-Israel, Ms. Yamasaki, Mr. Tran, Ms. Ferrari, Mr. Din, and Mr. Gibson, RJ Coordinator.
Site Administrator Affirms	<ul style="list-style-type: none"> • Parental permission forms will be on file for all students participating and school has emergency communication protocol. • There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements). • School will address financial or accessibility issues that might prevent students from participating.
Recommendation	Approval of Board Resolution authorizing student travel described above.
Fiscal Impact	<p>Amount of District funds to be used for trip costs will be <u>\$0.00</u>.</p> <p>Funding source for the trip will be: <input type="checkbox"/> General Purpose <input type="checkbox"/> Restricted Funds <input checked="" type="checkbox"/> No District funds will be used</p>

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**RESOLUTION
OF THE
BOARD OF EDUCATION
OF THE
OAKLAND UNIFIED SCHOOL DISTRICT**

Resolution No. 2122-0199

AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events;

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy 6143, the Superintendent requests the Board of Education to authorize student travel for the period of July 6, 2022 through July 9, 2022 to National Community Restorative Justice Conference, Chicago, Illinois by 20 Students (Grades 6, 7, 8) and 6 Adults

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve the following request for student travel:

School: Edna Brewer Middle School

Destination: Chicago Illinois

Departure Date: July 6, 2022

Return Date: July 9, 2022

Passed by the following vote:


AYES: Aimee Eng, VanCeder Williams, Clifford Thompson, Vice President Benjamin "Sam" Davis, President Gary Yee

NAYS: None

ABSTAINED: None

ABSENT: Mike Hutchinson, Samantha Pal (Student Director), Natalie Gallegos Chavez (Student Director)

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held May 25, 2022.

By: 
Kyla Johnson-Trammell, Superintendent
Secretary, Governing Board



**OUT-OF-STATE FIELD
TRIP/EXCURSION REQUEST**

Basic Directions

This packet is available on the Intranet (School Operations Library) as a fillable-saveable pdf file. If typed, similar fields will populate throughout the packet making it quicker and easier to complete.

1. Requests must be submitted to Network Superintendent no later than **120 days** prior to departure
2. Board approval is required for all out of state trips.
3. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip
4. Use of Restricted Funds requires additional approval by Office of Accountability Partners
5. Obtain fingerprint clearance and complete TB risk assessment (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through ousd.org/volunteers or email volunteers@ousd.org. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years.)
6. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
7. Check the Pre-Approved Vendor List for contract and insurance requirements
8. Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may be available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.

Required Documents for Request Approval	<input type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input type="checkbox"/> Certificate of insurance from all private vendors: Program (attach copy unless publicly owned and operated) Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) <input type="checkbox"/> Board Approval Memo and Board Resolution
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Required Documents for Trip Approval	<input type="checkbox"/> "Checklist Prior to Trip Departure" <input type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle
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TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Edna Brewer Middle School Site Number: 210

Destination: National Community Restorative Justice Conference
Address: Hyatt McCormick, 2233 MLK Drive, Chicago, IL 60616
Phone or Contact Info: 312/567-1234

Departure - Date: 07/06 Time: [REDACTED] Place of Departure: [REDACTED]

Return - Date: 07/09 Time: [REDACTED] Place of Return: [REDACTED]

Class(es)/Group Attending: Peer Restorative Justice Leadership
Grade(s): 6,7,8 # of Students: 20 # of Adults: 6

Teacher Supervising Trip: Mr. gibson

Emergency Contact # During Trip: 510/459-7059

Supervising Teacher's Email Address: david.gibson@ousd.org

Date: 3/9/22
Kim Powell, Risk Mgt.



**OAKLAND UNIFIED
SCHOOL DISTRICT**
Community Schools, Thriving Students

Site: Edna Brewer Middle School

Teacher Supervising Trip: Mr. gibson

Destination: NACRJ Chicago

Date of Departure: July 6th, 2022

Describe itinerary and activities: (<input type="checkbox"/> Trip will include swim or water activities)	We will leave [REDACTED] on 7/6 arriving at [REDACTED]. Our students will present workshops in RJ circle format on 7/7 through 7/9. Students will also guide certain panel discussions at the NACRJ conference. We will leave Chicago via [REDACTED] and arrive back at [REDACTED] on the evening of 7/9/22.
Names of teachers and staff attending trip:	Teachers: Staff: Ms. ben-Israel, Ms. Yamasaki, Mr. Tran, Ms. Ferrari, Mr. Din, & Mr. gibson
Describe mode of transportation for each leg of the trip:	[REDACTED]
Describe educational purpose of trip, including how it aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	As OUSD holds Restorative Justice Practices with high regard. Edna Brewer being a leader in community and peer RJP will be able to learn and share what we value at this conference. Students selected from the Edna Brewer peer RJ leadership team will attend.

TRIP COSTS

District funds may be used to pay transportation costs for out of state trips or direct educational program costs. Transportation costs include airfare, bus fare, car fare, etc. related to transportation to/from the out-of-state destination and the transportation costs for the school sponsored activities during the trip. Direct educational program costs include admission fees for visits which are part of the program (e.g. museum).

District funds may NOT be used to pay for non-travel pupil expenses for out of state trips. Non-travel pupil expenses include meals, sundries, lodging, etc.

If you want to use District funds to pay for non-travel pupil expenses on an out of state trip, you must first obtain approval for a waiver of Education Code 35330 from the OUSD Board of Education and the State Board of Education.

Amount of District funds to be used for trip costs will be \$ 0

Funding source for the trip will be: ☐ General Funds ☐ Restricted funds ☐ No District funds will be used

Resource #: _____



**OAKLAND UNIFIED
SCHOOL DISTRICT**
Community Schools, Thriving Students

Site: Edna Brewer Middle School

Teacher Supervising Trip: Mr. gibson

Destination: NACRJ Chicago, IL

Date of Departure: July 6th, 2022

PROGRAM/ADMISSION COSTS N/A

Total Cost of Program/Admission: \$ _____ Source: ☐ General Funds ☐ Restricted ☐ No District Funds

Cost per student: \$ _____ Cost per adult: \$ _____

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5829				
	5829				

TRANSPORTATION/CHARTER BUSES

Note: If buses will be used, the approved bus company list is located on the Intranet with the Field Trip information.

Bus Company: _____

of buses ordered: _____ Size of bus ordered: _____ Wheelchair accessible needed? _____

Cost of transportation: \$ _____ Source: ☐ General Funds ☐ Restricted Funds ☐ No District Funds

Org. Key	Object #	Resource #	Amount	Req #	PO #
	5826				
	5826				

HEALTH CONDITIONS/MEDICATION

Will there be any students participating in the field trip with the following conditions? Yes: ☐ No: ☐

- | | |
|---|---|
| <input type="checkbox"/> Severe Allergy | <input type="checkbox"/> Student has an Epi-pen at school |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Student has an inhaler at school |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Other condition(s): _____ | |
| <input type="checkbox"/> Student has medication at school | |

Will any students need medications during the trip? Yes: ☐ No: ☐

If the answer is yes, please fax the attached Health Services Notification Form to 879-4605.

CERTIFICATES OF INSURANCE

Facility/Program Insurance: Attach copies of Proof of Insurance **from** all private vendors (except publicly owned and operated).

District Insurance: Has vendor requested that OUSD provide a certificate of the District's insurance? Yes: ☐ No: ☐

If yes, attach the written requirements provided by the Facility. (Once the Certificate of Insurance is prepared, it will be faxed to the contact person at the facility and the school site contact. The original certificate will then be sent to the school site contact and will be given to the facility if required.)

OFFICE OF ACCOUNTABILITY PARTNERS

If restricted funds are used for this field trip/excursion, Office of Accountability Partners approval is required to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #: _____

1. Attach a copy of the site plan, if modified. Modified SPSA Date: _____
2. Documentation of the follow up activities is to be maintained at the site for State and Federal compliance review.



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

Site: Edna Brewer Middle School

Teacher Supervising Trip: Mr. Gibson

Destination: NACRJ Chicago, IL

Date of Departure: July 6th, 2022

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Trip aligns with grade level standards <input type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		3/4/22
Network Superintendent <input checked="" type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		3/4/22
Office of Accountability Partners (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input checked="" type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)		✓		3/23/22

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Forward the completed: (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle		✓		3/4/22
Risk Management) <input checked="" type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input checked="" type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent		✓		3/23/22
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		✓		3/23/2022



Site: Edna Brewer Middle School

Teacher Supervising Trip: Mr. gibson

Destination: NACRJ Chicago, IL

Date of Departure: July 6th, 2022

CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE
(initial each item certifying completion)

- AC "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- N/A "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- N/A OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- N/A No student has been prevented from making a trip due to lack of sufficient funds.
- N/A No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)
- AC Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.
- AC Meeting date: 2/28/22
- AC Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- N/A Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.
- AC Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- AC Sleeping arrangements and night supervision are safe and appropriate.
- AC Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- AC Confirm that: (1) arrangements have been made for use of a vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
- AC OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
- N/A ☐ Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- AC Site and trip leader has a list of students and adults attending trip.
- AC Staff and students will wear masks while indoors (including transportation) during the trip.
- AC Each individual attending the trip will have their own room/tent/cabin to spend the night, or will sleep outdoors.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: Edna Brewer Middle School Site Number: 210
Destination: National Community Restorative Justice Conference
Departure - Date: 07/06 Time: 12pm
Return - Date: 07/09 Time: 3pm
Class(es)/Group Attending: Peer Restorative Justice Leadership
Grade(s): 6,7,8 # of Students: 20 # of Adults: 6
Teacher Supervising Trip: Mr. gibson
Supervising Teacher's Email Address: david.gibson@ousd.org

HEALTH CONDITIONS/MEDICATION:

Will there be any students participating in the field trip with the following conditions? Yes: ☐ No: ☐

- | | |
|--|---|
| <input type="checkbox"/> Severe Allergy | <input type="checkbox"/> Student has an Epi-pen at school |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Student has an inhaler at school |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Sickle Cell Anemia | <input type="checkbox"/> Student has medication at school |
| <input type="checkbox"/> Other condition(s): _____ | <input type="checkbox"/> Student has medication at school |

Will any students need medications during the trip? Yes: ☐ No: ☐

If the answer to any of these questions is yes, please **fax this form to 879-4605**.

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by student's parent/guardian and doctor. See your School Nurse/Health Services for more information.



TO BE COMPLETED BY TEACHER

School or Center: Edna Brewer Middle School

Destination: National Community Restorative Justice Conference

Address: Hyatt McCormick, 2233 MLK Drive, Chicago, IL 60616

Departure - Date: 07/06 Time: [REDACTED] Place of Departure: [REDACTED]

Return - Date: 07/09 Time: Place of Return:

Class/Group Attending: Peer Restorative Justice Leadership

Name(s) of Classroom Teacher(s): ben-Israel, Yamasaki, Tran, Ferrari, Din, gibson

Teacher Supervising Trip: Mr. gibson

Emergency Contact # During Trip:

The field trip will involve the following:

(Describe activities and itinerary):

(☐Swim/water activities permission required)

We will leave [REDACTED] on 7/6 arriving at [REDACTED].
Our students will present workshops in RJ circle format on 7/7 through 7/9.
Students will also guide certain panel discussions at the NACRJ conference.
[REDACTED] will leave Chicago via [REDACTED] and arrive back at [REDACTED]
[REDACTED] on the evening of 7/9/22.

Mode(s) of transportation:

from _____ to the Hotel and back to the _____

Student needs to bring:

RJ journals, Brewer RJ swag, and a GREAT attitude.

Insurance Notice to Parents: OUSD provides limited accident insurance coverage for eligible student injuries occurring during field trips/school sponsored activities within the U.S. To make an insurance claim, obtain a claim form from the school principal. For information on accident insurance, contact OUSD Risk Manager Rebecca Cingolani at Rebecca.Cingolani@ousd.org.



STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP
DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those who do not go.

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward _____

(Name of Student – please print)

to participate in a field trip on Date(s):

7/6/22

to

7/9/22

to: NACRJ, Hyatt McCormick, Chicago, IL

Emergency Number(s) for Parent/Guardian: 1. _____

2. _____

3. _____

Alternate Emergency Contact Name: _____

Phone Number(s): _____

Student Health Conditions

☐ Severe Allergy to: _____

☐ Asthma ☐ Student has an inhaler at school

☐ Diabetes

☐ Student has an Epi-pen at school

☐ Seizures ☐ Student has medication at school

☐ Sickle Cell Anemia

☐ Student has medication at school

☐ Other condition(s): _____

☐ Student has medication at school

☐ Student has medication at school

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

All students with asthma, diabetes, and severe allergies should have emergency medication available to school staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a Severe Allergy/Asthma Action plan signed by you and your doctor. See your School Nurse/Health Services for more information.

Health Insurance Plan Name: _____

Subscriber/Policy No. _____

☒ **Swim/Water Activities Permission** – If swimming and/or water activities are a part of the field trip, do you give permission for your daughter/son/ward to participate in these activities? Yes _____ No _____

My child's swimming ability is (check one): Beginner _____ Intermediate _____ Advanced _____

Authorization to treat minor: In the event that I, or other parent/guardian, cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward.

Notice of Waiver of All Claims: I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Parent or Guardian Signature _____

Print Name _____

Date _____

FOR HIGH SCHOOLS ONLY: With permission of the parent/guardian and the supervising teacher, a high school student may meet at and/or leave from the destination on his/her own. Please check below if you grant permission to your high school student to arrive at or leave the destination on his/her own. Under this option, OUSD and the School are not liable for any incidents that may occur.

____ My high school student has my permission to arrive at and/or leave the destination on his/her own: ____ arrive ____ leave

Parent or Guardian Signature _____

Print Name _____

Date _____



**ADULT PARTICIPANT OUT OF STATE
FIELD TRIP/EXCURSION CHAPERONE AGREEMENT
(NON-OUSD EMPLOYEE)**

TO BE COMPLETED BY CHAPERONE (Not Applicable)

I, _____, have read and understand the trip information materials and hereby agree to
(Name of Adult)
participate in the field trip or excursion on _____ through _____ to

(Destination)

1. **I understand** that my participation in this field trip/excursion is voluntary, but having agreed I will follow instructions provided by supervising teacher/coach and I will comply with all District requirements pertaining to the chaperoning of students. I understand that I must undergo a criminal background clearance.¹

2. **I understand** that no insurance is provided by the Oakland Unified School District for this field trip/ excursion.

☐ **Swim/Water Activities Participation** – If swimming and/or water activities are a part of the field trip, do you agree to participate in these activities as needed? ____ Yes ____ No

My swimming ability is (check one): ____ I do not swim ____ Beginner ____ Intermediate ____ Advanced

Authorization to treat: I hereby give permission to the School staff to secure proper treatment for me.

Notice of Waiver of All Claims: I hereby knowingly waive all of my claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Adult Participant Phone Numbers: Cell: _____ Home: _____ Work: _____

Emergency Contact Person: _____

Emergency Contact Numbers: 1. _____ 2. _____ 3. _____

Adult Participant's Critical Medical Needs/Medications/Allergies/Conditions: _____

Health Insurance Plan Name: _____ Subscriber/Policy No. _____

Date: _____ Adult Participant Signature: _____

Print Name: _____

¹ For more information, see <http://ousd.org/volunteers>. For questions, email volunteers@ousd.org.



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DECLARATION OF DRIVER

Driver Name: N/A

School or Center: Edna Brewer Middle School

Teacher: _____ School Year: _____

The driver and registered owner who sign(s) this form assure(s) the Oakland Unified School District as follows:

1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by _____ Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.

Policy No.: _____ Policy expiration date: _____.

4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

Name of Insurance Agent

Telephone Number of Insurance Agent

Address of Insurance Agent

5. That the driver and registered owner understand that Oakland Unified School District is not responsible for accidents or injuries that may occur and provides no insurance coverage whatsoever for the vehicle, driver, passengers or others.
6. That the driver will ensure that all passengers use safety belts or appropriate child car seat at all times.
7. That the vehicle meets all safety requirements and that the driver has received a copy and will follow the "Driver Instructions" on page 2 of this form.
8. The driver has been fully vaccinated for COVID-19.

Year _____ Make _____ Model _____ Passenger Capacity _____ Vehicle License No. _____

I certify that the information provided on this form is true and correct.

Date _____ Driver Name _____ Signature of Driver _____ Driver's License No. _____ Cell Phone No. _____

I certify that the information provided on this form is true and correct and that driver has consent to use above vehicle to drive Oakland Unified School District students on above field trip or excursion.

Date _____ Registered Owner Name _____ Signature of Registered Owner (if different from driver) _____

Attach a photocopy of driver's license and current insurance card or declarations page



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DRIVER INSTRUCTIONS FIELD TRIPS OR EXCURSIONS

Please follow the below instructions when transporting OUSD students on field trips or excursions:

1. Check the safety of the vehicle which will be used including: tires, brakes, lights, horns, suspension, etc.
2. Carry only the number of passengers for which your vehicle was designed. If you have a pickup truck, carry only as many as can safely sit in the passenger compartment.
3. Require each passenger to use an appropriate passenger restraint system (child car seat or safety belt) in accordance with law.
4. Obey all traffic laws.
5. Make sure the supervising teacher has advised you of any relevant medical conditions or allergies for those students assigned to your vehicle.
6. Make sure you have exchanged an emergency contact number with the supervising teacher in case you get lost, separated or there is an emergency. In case of emergency, keep all the children together and call 911, the supervising teacher and the school. If you cannot reach school personnel, contact the School District Superintendent's office at 879-8200.
7. You may not transport **anyone** during a field trip or excursion who has not been approved in advance by the supervising teacher and/or site principal.
8. You must be fully vaccinated for COVID-19.

**Certificate of Insurance Coverage Request Form****(Field Trip)**

Request Date:	Site Name:	
Site Contact Person:	Telephone:	Fax:
Site Contact Person Email Address:		
Event Location Name:		
Address: Hyatt McCormick, 2233 MLK Drive, Chicago, IL 60616		
Event Contact Person Information Name:	Telephone:	Fax:
Event Date and Time:		
Brief Description of the Event:		
Facility Insurance Requirements: (Please attach the written requirement provided by the Event Facility)		

Email or Fax Request (not less than 15 calendar days prior to the event) to:

Risk Management Department
Attn: Cynthia Grice
Email: cynthia.grice@ousd.org
Fax (510) 879-4022

CG 7/2016