

Board Office Use: **Legislative File Info.**

File ID Number 18-0469
 Introduction Date 3/28/18
 Enactment Number 18-0535
 Enactment Date 3/28/18 *OS*



OAKLAND UNIFIED SCHOOL DISTRICT

Community Belongs. Thriving Students.

Memo

To Board of Education
From Kyla Johnson-Trammell, Superintendent
Meeting Date 3/28/18
Subject Approval of Request for Student Travel

Action Requested	Approval of Board Resolution No. <u>1718-0148</u> authorizing student travel by school site CCPA to <u>Ashland, OR</u> for the period of <u>5/31/2018</u> through <u>6/4/2018</u>
Itinerary and activities	5/31/18: Travel (drive) to Emigrant Lake Campground, camping 6/1/18: Attend play at Oregon Shakespeare Festival, Ashland, OR, camping 6/2/18: Travel to Farewell Bend Campground, camping 6/3/18: Visit Crater Lake National Park, camping 6/4/18: Return travel to Oakland
Educational Purpose of Trip	This trip will expose students to live theater, and bring issues alive on stage. The play <i>Manahatta</i> explores the challenges a young Native American woman faces as she straddles different cultures, an experience resonant with our students' experiences when they go to college. The field trip will also include hiking, camping, and community building in Southern Oregon.
Teachers Attending Trip	Abby Friedman, Cecilia Terrazas, Shannon Claiborne, Amber Ellis (buildOn)
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	Amount of District funds to be used for trip costs will be \$ <u>0</u> Funding source for the trip will be: <input type="checkbox"/> General Purpose <input type="checkbox"/> Restricted Funds <input type="checkbox"/> No District funds will be used Resource Code: _____

RECEIVED
 2/28/18 K. Trammell

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

Resolution No. 1718-0148

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 5/31/2018 through 6/4/2018 to Ashland, Oregon

by car

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: CCPA

Destination: Ashland, OR

Departure Date: 5/31/2018

Return Date: 6/4/2018

Passed by the following vote:

AYES: Roseann Torres, Jody London, Nina Senn, James Harris, Shanthi Gonzales, Vice President Jumoke Hinton Hodge
President Aimee Eng

NAYS: None

ABSTAINED: None

ABSENT: None

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 March 28, 2018.

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 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
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

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: CCPA Site Number: 232

Destination: <u>Ashland, Oregon and Crater Lake</u>
Address: <u>15 S Pioneer St, Ashland, OR 97520</u>
Phone or Contact Info: <u>800-219-8161</u>

Departure - Date: 5/31/2018 Time: 9 AM Place of Departure: CCPA

Return - Date: 6/4/2018 Time: 4 PM Place of Return: CCPA

Class(es)/Group Attending: _____

Grade(s): 11th-12th # of Students: 22 # of Adults: 4

Teacher Supervising Trip: Abby Friedman

Emergency Contact # During Trip: 510-882-7445

Supervising Teacher's Email Address: abby.friedman@ousd.org



Site: CCPA
 Teacher Supervising Trip: Abby Friedman
 Destination: Ashland, Oregon
 Date of Departure: 5/31/2018

Describe itinerary and activities: <input checked="" type="checkbox"/> Trip will include swim or water activities)	[Redacted]: Travel (drive) to Emigrant Lake Campground, camping [Redacted]: Attend play at Oregon Shakespeare Festival, Ashland, OR, camping [Redacted]: Travel to Farewell Bend Campground, camping [Redacted]: Visit Crater Lake National Park, camping [Redacted]: Return travel to Oakland
Names of teachers and staff attending trip:	Teachers: Cecilia Terrazas Staff: Abby Friedman, Shannon Claiborne, Amber Ellis (buildOn)
Describe mode of transportation for each leg of the trip:	We are driving personal cars
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:	This trip will expose students to live theater, and bring issues alive on stage. The play Manahatta explores the challenges a young Native American woman faces as she straddles different cultures, an experience resonant with our students' experiences when they go to college. The field trip will also include hiking, camping, and community building in Southern Oregon.

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 \$ 10

Funding source for the trip will be: General Funds Restricted funds No District funds will be used
 Resource #: _____



Site: CCPA
 Teacher Supervising Trip: Abby Friedman
 Destination: Ashland, Oregon
 Date of Departure: 5/31/2018

PROGRAM/ADMISSION COSTS

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: Walker Charter Services

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:

- Severe Allergy Student has an Epi-pen at school
- Asthma Student has an inhaler at school
- Diabetes Student has medication at school
- Seizures Student has medication at school
- Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ 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: CCPA
 Teacher Supervising Trip: Abby Friedman
 Destination: Ashland, Oregon
 Date of Departure: 5/31/2018

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Trip aligns with grade level standards <input checked="" type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input checked="" type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		11/27/17 11-27-17
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		<input checked="" type="checkbox"/>		1/30/18
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 type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)		<input checked="" type="checkbox"/>		2/28/18

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" 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	 	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>		11/27/17 11-27-17
Risk Management <input type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent		<input checked="" type="checkbox"/>		2/28/18
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		<input checked="" type="checkbox"/>		2/6/18



CHECKLIST TO BE COMPLETED BY SITE ADMINISTRATOR PRIOR TO TRIP DEPARTURE

(initial each item certifying completion)

- "OUSD Student Out of State Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
- OUSD Fingerprint and TB risk assessment per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- No student has been prevented from making a trip due to lack of sufficient funds.
- 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.)
- 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.
Meeting date: 5/1/18
- 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)
- 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.
- Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- Sleeping arrangements and night supervision are safe and appropriate.
- 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.
- 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.
- 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.
- Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: CCPA Site Number: 232

Destination: Ashland, Oregon

Departure - Date: 5/31/2018 Time: 9 AM

Return - Date: 6/4/2018 Time: 4 PM

Class(es)/Group Attending: 11th-12th Graders

Grade(s): 11th-12th # of Students: 22 # of Adults: 4

Teacher Supervising Trip: Abby Friedman

Supervising Teacher's Email Address: abby.friedman@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.



FIELD TRIP/EXCURSION INFORMATION
DESTINATION OUTSIDE OF CALIFORNIA
(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center: CCPA

Destination: <u>Southern Oregon</u>
Address: <u>15 S. Pioneer St., Ashland, OR 97520</u>

Departure - Date: 5/31/2018 Time: 9 AM Place of Departure: CCPA

Return - Date: 6/4/2018 Time: 4 PM Place of Return: CCPA

Class/Group Attending: Juniors/Seniors

Name(s) of Classroom Teacher(s): Abby Friedman, Cecilia Terrazas, Shannon Claiborne, Amber Ellis (buildOn)

Teacher Supervising Trip: Abby Friedman

Emergency Contact # During Trip: 510-882-7445

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p><input type="checkbox"/> Swim/water activities permission required)</p>	<p>██████: Travel (drive) to Emigrant Lake Campground, camping</p> <p>██████: Attend play at Oregon Shakespeare Festival, Ashland, OR, camping</p> <p>██████: Travel to Farewell Bend Campground, camping</p> <p>██████: Visit Crater Lake National Park, camping</p> <p>██████: Return travel to Oakland</p>
<p>Mode(s) of transportation:</p>	<p>Personal Vehicles</p>
<p>Student needs to bring:</p>	<p>Four days of clothing including warm layers for cold evenings, and attire appropriate for a play. Water bottle Rain gear Spending money (optional)</p>

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): 5/31/18 - 6/4/18

to: Oregon Shakespeare Festival, Ashland Oregon and Crater Lake National Park

Emergency Number(s) for Parent/Guardian: 1. _____ 2. _____ 3. _____

Alternate Emergency Contact Name: _____ Phone Number(s): _____

Student Health Conditions

- Severe Allergy to: _____ Student has an Epi-pen at school
- Asthma Student has an inhaler at school Diabetes Student has medication at school
- Seizures Student has medication at school Sickle Cell Anemia Student has medication at school
- Other condition(s): _____ 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 _____



DECLARATION OF DRIVER

Driver Name: Abby Friedman
 School or Center: JCPA
 Teacher: Abby Friedman School Year: 2017-18

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 [REDACTED] 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.: [REDACTED] Policy expiration date: [REDACTED]
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

[REDACTED] Telephone Number of Insurance Agent
[REDACTED] 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.

[REDACTED] Year [REDACTED] Make [REDACTED] Model [REDACTED] Passenger Capacity [REDACTED] Vehicle License No.

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

12/18/2017 Date Abby Friedman Driver Name [Signature] Signature of Driver [REDACTED] Cell Phone No. 510-882-7445

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.

12/18/2017 Date Abby Friedman Registered Owner Name [Signature] Signature of Registered Owner (If different from driver)

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



California Evidence of Liability Insurance
1-800-841-3000

GEICO GENERAL INSURANCE COMPANY
PO BOX 509090 SAN DIEGO, CA 92150-9090

NAIC Code: 35882

Policy Number

Effective Date

Expiration Date

Year

Make

Model

Vehicle ID No.

Insured:

MRS ABBY DIANE FRIEDMAN

The coverage provided by this policy meets the minimum requirements of sections 16056 & 16500.5 of the California Vehicle Code, minimum liability limits prescribed by law

Evidence of Insurance

Here are your Evidence of Liability Insurance Cards. One card must be carried in the proper Insured vehicle. Proof of insurance is required to register or renew the registration of your vehicle. A law enforcement officer can ask you to prove that you have liability insurance meeting the basic requirements of California law.

A violation of these requirements can result in a fine of up to:

- \$1,000 for the first time
- \$2,000 for additional times

Also, a judge can have your vehicle Impounded. False proof of insurance may result in a fine up to \$750 and 30 days in prison.

Due to space limitations on the ID card, only the Named Insured and the Co-insured are listed. For a full list of drivers covered under this policy, please reference the Drivers section of your Declarations Page, which is included with your insurance packet.

If you would like additional ID cards you can go online to geico.com or call us at 1-800-841-3000.

What to do at the time of an accident.

- Do not admit fault.
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved.
Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
- Contact GEICO by calling 1-800-841-3000 or visit geico.com to report the accident.



DECLARATION OF DRIVER

Driver Name: Cecilia Terrazas
 School or Center: CCPA
 Teacher: TERRAZAS School Year: 17/18

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.

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

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

 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



California Evidence of Liability Insurance
1-800-841-3000

GEICO GENERAL INSURANCE COMPANY
PO BOX 509090 SAN DIEGO, CA 92150-9090

NAIC Code: 35882

Policy Number	Effective Date	Expiration Date
[REDACTED]	[REDACTED]	[REDACTED]
Year	Make	Model
[REDACTED]	[REDACTED]	[REDACTED]
		Vehicle ID No.
		[REDACTED]

Insured:

CECILIA YOLANDA TERRAZAS

[REDACTED]

The coverage provided by this policy meets the minimum requirements of sections 16056 & 16500.5 of the California Vehicle Code, minimum liability limits prescribed by law.

Evidence of Insurance

Here are your Evidence of Liability Insurance Cards. One card must be carried in the proper insured vehicle. Proof of insurance is required to register or renew the registration of your vehicle. A law enforcement officer can ask you to prove that you have liability insurance meeting the basic requirements of California law.

A violation of these requirements can result in a fine of up to:

- \$1,000 for the first time
- \$2,000 for additional times

Also, a Judge can have your vehicle impounded. False proof of insurance may result in a fine up to \$750 and 30 days in prison.

Due to space limitations on the ID card, only the Named Insured and the Co-Insured are listed. For a full list of drivers covered under this policy, please reference the Drivers section of your Declarations Page, which is included with your insurance packet.

If you would like additional ID cards you can go online to geico.com or call us at 1-800-841-3000.

What to do at the time of an accident.

- Do not admit fault.
- Do not reveal the limits of your liability coverage to anyone.
- Exchange contact information; get year, make, model, plate number, insurance carrier and policy number of all involved.
Also, identify witnesses and collect contact information.
- Contact the police or 911 if applicable.
- Contact GEICO by calling 1-800-841-3000 or visit geico.com to report the accident.



DECLARATION OF DRIVER

Driver Name: SHANNON CLAIBORNE
 School or Center: COLISEUM COLLEGE PREP ACADEMY
 Teacher: _____ School Year: 2017-18

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:

 Telephone Number of Insurance Agent

 Name 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.

 Year

 Make

 Model

 Passenger Capacity

 Vehicle License No.

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

 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 _____ vehicle to drive Oakland Unified School District students on above field trip or excursion.

 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



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

TO BE COMPLETED BY CHAPERONE

I, Amber Perkins Ellis, have read and understand the trip information materials and hereby agree to participate in the field trip or excursion on 5/31/18 through 6/2/18 to Oregon Shakespeare Festival
(Name of Adult) (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: (916) 514-3193 Home: _____ Work: _____

Emergency Contact Person: Malcom Dixon; Spencer Pritchard; Marvin Grant

Emergency Contact Numbers: 1. (916) 542-5844 2. (805) 899-4525 3. (916) 514-3195

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

Health Insurance Plan Name: [REDACTED] Subscriber/Policy No. [REDACTED]

Date: 12/21/17 Adult Participant Signature: [Signature]

Print Name: Amber Perkins Ellis

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



DECLARATION OF DRIVER

Driver Name: Amber Perkins Ellis

School or Center: Coliseum College Prep Academy (CCPA)

Teacher: Cecilia Terrazas School Year: 2018

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 [REDACTED] 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. [REDACTED] Policy expiration date: [REDACTED].
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:
[REDACTED]
Name of Insurance Agent
[REDACTED]
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.

[REDACTED] Year [REDACTED] Make [REDACTED] Model [REDACTED] Passenger Capacity [REDACTED] Vehicle License No.

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

[REDACTED] Date Amber Perkins-Ellis Driver Name [REDACTED] Signature of Driver [REDACTED] Driver's License No. (916) 514-3193 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.

12/21/17 Date Amber Perkins-Ellis Registered Owner Name [Signature] Signature of Registered Owner (if different from driver)

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