

Board Office Use: Legislative File Info.	
File ID Number	19-0434
Introduction Date	4/10/19
Enactment Number	19-0537
Enactment Date	4/10/19 If



OAKLAND UNIFIED SCHOOL DISTRICT

Community. For All. Always.

Memo

To Board of Education
From Kyla Johnson-Trammell, Superintendent
Meeting Date 4/10/19
Subject Approval of Request for Student Travel

Action Requested	Approval of Board Resolution No. <u>19-0152</u> authorizing student travel by school site Bret Harte Middle School to <u>Detroit, Michigan</u> for the period of <u>3/31/19</u> through <u>4/8/19</u>
Itinerary and activities	The itinerary involves going to two or three Historically Black Colleges and Universities per day, including having lunch/dinner. The trip will conclude with a visit to Universal Studios - Island Adventure (double park) prior to returning to Michigan.
Educational Purpose of Trip	The purpose of this trip is to build skills towards college and career readiness, to allow students to conduct research of potential colleges and universities that they wouldn't ordinarily have access to for their future, and lastly, it will allow students to contribute accurate, relevant information in a panel discussion about their experiences as a result of participating in the tour.
Teachers Attending Trip	Lakeisha Golden
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 checked="" type="checkbox"/> No District funds will be used Resource Code: <u>-</u>

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

Resolution No. 1819-0152

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 3/31/19 through 4/8/19

to Detroit, Michigan

by Bret Harte Middle School

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: Bret Harte Middle School

Destination: Detroit, Michigan

Departure Date: 3/31/19

Return Date: 4/8/19

Passed by the following vote:

PREFERENTIAL AYE: Student Director Josue Chavez


AYES: Jumoke Hinton Hodge, Gary Yee, Roseann Torres, Shanthi Gonzales, James Harris, Vice President Jody London and President Aimee Eng

NAYS: None

ABSTAINED: None

ABSENT: Student Director Yota Omoshwho

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 April 10, 2019.

By: 

Kyla Johnson-Trammell, Superintendent
Secretary, Governing Board



2/1/19 PM
RECEIVED
K Powell

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 oued.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: Bret Harte Middle School Site Number: 206

Destination: HBCU College Tour - DREAMS Organization
 Address: 15213 Chowning Tavern Circle, Charlotte NC 28262
 Phone or Contact Info: DREAMS Organization; Denise Travis (313) 742-3859

Departure - Date: March 31, 2019 Time: 10AM Place of Departure: SFO
 Return - Date: April 8, 2019 Time: 8AM Place of Return: SFO
 Class(es)/Group Attending: Eighth Grade Group
 Grade(s): 8 # of Students: 4 # of Adults: 1
 Teacher Supervising Trip: Ms. LAKIESHA GOLDEN
 Emergency Contact # During Trip: (510) 545-2891
 Supervising Teacher's Email Address: lakiesha.golden@ousd.org



Site: Bret Harte
 Teacher Supervising Trip: Ms. LAKIESHA Golden
 Destination: HBCU College Tour -- Dreams Organization
 Date of Departure: Sunday, March 31, 2019

Describe itinerary and activities: <input type="checkbox"/> Trip will include swim or water activities)	The itinerary involves going to two to three Historically Black Colleges and Universities per day, including having lunch/dinner. The trip will conclude with a visit to Universal Studios - Island of Adventure (double park) prior to returning to MI.
Names of teachers and staff attending trip:	Teachers: <u>Ms LAKIESHA Golden</u> Staff: <u>N/A</u>
Describe mode of transportation for each leg of the trip:	The departure will be from SFO arriving DTW. Then a Chartered Motor Coach to the states of TN, AL, GA, FL and back to MI. The last leg of the trip is a flight from DTW back to SFO.
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:	The purpose of the trip is: to build skills towards college and career readiness, to allow students to conduct research of potential colleges and universities that they wouldn't ordinarily have access to for their future and lastly, it will allow students to contribute accurate relevant information in a panel discussion about their experiences as a result of participating in the tour.

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 \$ _____

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



Site: Brat Harte
 Teacher Supervising Trip: Ms. Lakesha Golden
 Destination: HBCU College Tour
 Date of Departure: Sunday, March 31, 2019

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.



Site: Bret Harte
 Teacher Supervising Trip: Ms. Latisha Golden
 Destination: HBCU College Tour - Dreams Organization
 Date of Departure: Sunday, March 31, 2019

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	<i>A Jackson</i>	✓		1/17/19
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	<i>[Signature]</i>	✓		1-29-19
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)	<i>[Signature]</i>	✓		3/1/19

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	<i>A Jackson</i>	✓		1/17/19
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	<i>[Signature]</i>	✓		3/1/19
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management				



Site: Bret Harte
 Teacher Supervising Trip: Ms. LaKisha Golden
 Destination: HBCU College Tour - Dreams Organization
 Date of Departure: Sunday, March 31, 2019

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: _____
- 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: Bret Harte Middle School Site Number: 206

Destination: HBCU Tour - Dreams Organization

Departure - Date: 3/31/19 Time: 6AM

Return - Date: 4/8/19 Time: 8AM

Class(es)/Group Attending: Eighth Grade Group

Grade(s): 8 # of Students: 4 # of Adults: 1

Teacher Supervising Trip: Ms. Lakiesha Golden

Supervising Teacher's Email Address: lakiesha.golden@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"/> Student has medication 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): _____ | | |

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: Bret Harte Middle School

Destination: HBCU Tour - DREAMS Organization
Address: 15213 Chowning Tavern Circle, Charlotte, NC 28262

Departure - Date: 3/31/19 Time: 6 AM Place of Departure: SFO

Return - Date: 4/8/19 Time: 8 AM Place of Return: SFO

Class/Group Attending: Eighth Grade Group

Name(s) of Classroom Teacher(s): Ms. Golden

Teacher Supervising Trip: Lakiesha Golden

Emergency Contact # During Trip: 510 545-2891

<p>The field trip will involve the following: (Describe activities and itinerary):</p> <p>(<input type="checkbox"/>Swim/water activities permission required)</p>	<p>See attachment labeled 'College Tour Itinerary'</p>
<p>Mode(s) of transportation:</p>	<p>Flight and Motor Coach</p>
<p>Student needs to bring:</p>	<p>See attached 'packing list'</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.

College Tour Itinerary
(All restaurants are subject to change without notice)

DREAMS Organization

HBCU Tour

3/31 - 4/8, 2019

Bret Harte Middle
School

Sunday, March 31, 2019

8:00 p.m. depart from Oak Park School

Monday, April 1, 2019

8:00 Breakfast at Tennessee State University

10:00 a.m. Tour Tennessee State University

11:30 a.m. Lunch at Tennessee State

3:00 p.m. Tour Alabama A & M University

6:00 p.m. Dinner at Alabama A & M University

9:30 p.m. Check in into Country Inn & Suites in Talladega, Alabama

Tuesday, April 2, 2019

8:00 a.m. Hot breakfast at Country Inn & Suites

9:00 a.m. Tour Talladega College

12:30 a.m. Lunch at Talladega College

2:00 p.m. Tour Stillman College

5:30 p.m. Dinner at Stillman College

10:00 p.m. Check in into Country Inn & Suites in Atlanta Georgia

Wednesday, April 3, 2019

6:00 a.m. Hot breakfast at Country Inn & Suites

10:00 a.m. Tour Clark University

12:00 p.m. Lunch Clark University

2:00 p.m. Tour Morehouse College (males)

3:00 p.m. Tour Spelman (females)

6:00 p.m. Dinner at Spelman College

10:00 p.m. Check in into Country Inn & Suites in Montgomery, Alabama

Thursday, April 4, 2019

7:00 a.m. Hot breakfast at Country Inn & Suites

10:00 a.m. Tour Alabama State University

12:00 p.m. Lunch at Alabama State University

3:00 p.m. Tour Tuskegee Institute

6:00 Dinner at Tuskegee University

10:00 p.m. Check in into Country Inn & Suites in Tallahassee, Florida

Friday, April 5, 2019

7:00 a.m. Hot breakfast at Country Inn & Suites

10:00 a.m. Tour Florida A & M

12:00 p.m. Lunch at Florida A & M

6:00 p.m. Dinner at Shoney's Restaurant

8:00 p.m. Check in into Hampton Inn in Orlando, Florida

Saturday, April 6, 2019

7:00 a.m. Hot breakfast at Hampton Inn

9:00 a.m. - 8:30 p.m. Universal Studios / Island of Adventure (lunch & dinner is to be eaten while at the park)

9:00 p.m. - Depart for Michigan

Sunday, April 7, 2019

8:00 a.m. Breakfast at McDonald's (fast food restaurant is subject to change without notice)

1:00 p.m. Lunch at Florence Mall in Kentucky (lunch stop is subject to change without notice)

6:00 p.m. Arrive at Oak Park High School (parents will be called when we're 2-3 hours away from Michigan)

PERSONAL CONSENT AND RELEASE

I hereby grant the right and permission, without reservation, to DREAMS Organization, and those authorized by DREAMS Organization, to photograph and/or videotape me and further to display, use and/or otherwise utilize, in original or modified form, my face, likeness, name, information, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, publications or use by third parties) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, for the promotion, public education, and/or fundraising activities of DREAMS Organization, without compensation, reservation or limitation. DREAMS Organization is, however, under no obligation to exercise any rights granted herein.

All photos will be used unlimited number of times in perpetuity throughout the world, these photographs and recordings, in support of, or to promote, DREAM Organization's educational programs and mission.

I hereby release and hold harmless, DREAMS Organization and those acting pursuant to its authority from liability for any claims by me or any third party in connection with my participation in the program or the actions of DREAMS Organization in reliance of this consent and release. I have read and fully understand the terms of this consent and release.

_____ Parent's Signature

_____ Date

_____ Parent's Printed Name

_____ Address

_____ Phone

_____ Student Name

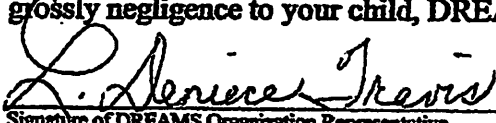
DREAMS Organization

HBCU Tour

3/31 - 4/3, 2019

Bret Harte Mulder School

In the event that DREAMS Organization and/or any coordinator/chaperone cause misconduct, harm, or grossly negligence to your child, DREAMS Organization will be held solely responsible.


Signature of DREAMS Organization Representative

11/16/18
Date

Packing list

ONE suitcase and ONE carry-on bag with toiletries, games, music, etc. inside is allowed

Toiletries include: soap, deodorant, face towel, toothbrush, toothpaste, personal feminine items, and hair products

Identification

Casual wear/Jeans/Shorts

Shoes/ Gym Shoes

Socks

Underwear

Light weight jacket

Belts/purse/wallet

Sleepwear/Slippers/Robe

Swimsuit/Shower shoes

Camera/Film

Sewing kit/extra buttons/Safety pins

Cell phone/Battery charger

No razors allowed for eyebrow arching or shaving

Umbrella/Raincoat

Watch

Plastic bag for dirty & wet clothes

Magazines/Cards/Games

Needed medication

Sunglasses/Glasses/Contacts/Contact Solution

Money/Debit or Credit cards

Hair/Scarf/Flat irons/Comb/Brush/Grease

Travel size pillow & blanket

Cologne/Perfume/Air Freshener

Empty zip lock bag for wet face towel

Lotion/Powder

Feminine Products



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 Jeslin Alvarez (Name of Student - please print)

to participate in a field trip on Date(s): March 31 - April 2, 2019 (22262)
to: HBCU Tour via DREAMS Organization (Business); 15213 Chowning Tavern Cr, Charlotte, NC

Emergency Number(s) for Parent/Guardian: (510) 241-7623 (510) 241-7106 (510) 355-4437

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

Student Health Conditions

- | | |
|---|---|
| <input type="checkbox"/> Severe Allergy to: _____ | <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 |

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)

[Signature] Parent or Guardian Signature Elfa Godoy Print Name 12/20/18 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

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://www.ousd.org/volunteers>. For questions, email volunteers@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 _____

Mandi (Scates-Phillips)

(Name of Student - please print)

to participate in a field trip on Date(s): March 31 - April 8, 2019

to: HBCU Tour via DREAMS Organization (Business), 15213 Channing Tavern Co, Charlotte, NC (2221-2)

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

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

Student Health Conditions

- | | |
|---|---|
| <input type="checkbox"/> Severe Allergy to: _____ | <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 |

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)

[Signature]
Parent or Guardian Signature

Robby Phillips
Print Name

12/20/18
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



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

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

TO BE COMPLETED BY CHAPERONE

_____, have read and understood the trip information materials and hereby agree to 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 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

Out of State Permission to treat: I hereby give permission to the School staff to secure proper treatment for me.

Waiver of Liability 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@o.usd.edu.



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 Jalen Terry
(Name of Student - please print)

to participate in a field trip on Date(s): March 31 - April 8, 2019 (28262)
to: HBCU Tour via DREAMS Organization (Business): 15213 Channing Tavern Cr, Charlotte, NC

Emergency Number(s) for Parent/Guardian: 1. 510 459 5800 2. 510 978 8730 3. _____

Alternate Emergency Contact Name: Katrina Williams Phone Number(s): 510 355 7703

Student Health Conditions

- Severe Allergy to: _____
- 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. ID# 000203479

Health Insurance Plan Name: Alameda Alliance Subscriber/Policy No. 98055923E

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)

Shunay Dorners Shunay Dorners 12/17/18
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-OUSS EMPLOYEE)

TO BE COMPLETED BY CHAPERONE

_____, have read and understood the trip information materials and hereby agree to participate in the field trip/excursion on _____ 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.

Waiver of 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://www.oakland.k12.ca.us>. For questions, email volunteers@ousd.org.



OAKLAND UNIFIED SCHOOL DISTRICT

Community Schools, Thriving Students

DECLARATION OF DRIVER

Driver Name: _____

School or Center: _____

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.

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



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.



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:		
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:

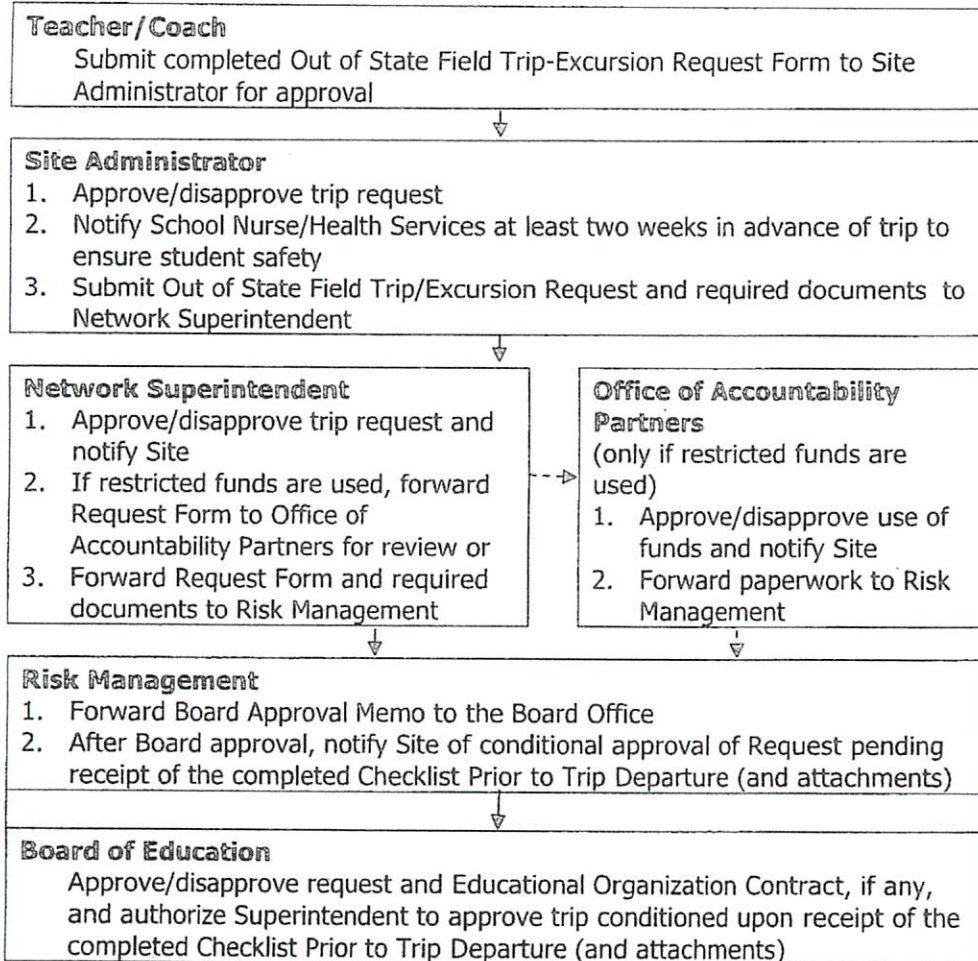
Risk Management Department
 Attn: Cynthia Grice
 Email: cynthia.grice@ousd.org
 Fax (510) 879-4022

CG 7/2016

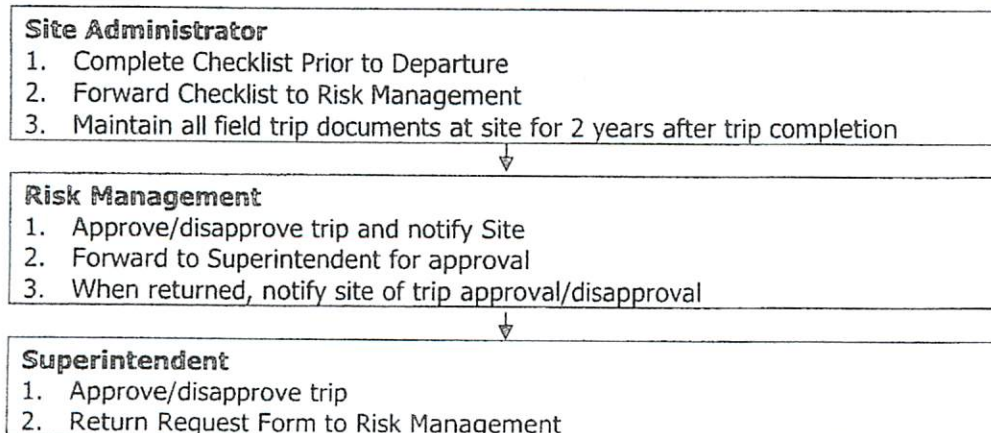


OUT OF STATE FIELD TRIPS APPROVAL PROCESS

REQUEST APPROVAL:



TRIP APPROVAL:



*Scanned mail
1/31/19*