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Enactment Date	5/14/14



OAKLAND UNIFIED  
SCHOOL DISTRICT

Community Schools, Thriving Students

# Memo

**To** Board of Education

**From** Dr. Gary Yee, Acting Superintendent and Secretary, Board of Education  
By: Maria Santos, Deputy Superintendent, Instruction, Leadership & Equity-in-Action  
Vernon Hal, Deputy Superintendent, Business & Operations *VEH*

**Board Meeting Date** \_\_\_\_\_

**Subject** Approval of Request for Student Travel

Action Requested	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Coliseum College Preparatory Academy</u> to <u>China</u> for the period of <u>July 18, 2014</u> through <u>July 29, 2014</u> . Grade(s): <u>8-12</u> # of Students: <u>10</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	Students will take a rigorous 2 hour weekly class prior to departure on Chinese history and culture. Students will study ancient to modern Chinese history and focus on Chinese influence on world energy.
Itinerary and activities	Students will visit sites of historical and cultural significance in and around Beijing and Shanghai (such as Great Wall, Tiananmen Square, and the Forbidden City). Students will also be studying the role of China in world energy through a visit to a solar panel manufacturing plant.
Teachers and staff Attending Trip	Amy Boyle
Site Administrator Affirms	<input checked="" type="checkbox"/> Parental permission forms will be on file for all students participating and school has emergency communication protocol <input checked="" type="checkbox"/> At least one OUSD employee accompanying the students is certificated <input checked="" type="checkbox"/> Non-OUSD chaperones, if any, will meet criminal background check requirements <input checked="" type="checkbox"/> There will be sufficient and appropriate chaperones for this field trip <input checked="" type="checkbox"/> School will address financial or accessibility issues that might prevent students from participating
Recommendation	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Coliseum College Preparatory Academy</u> to <u>China</u> for the period of <u>July 18, 2014</u> through <u>July 29, 2014</u> . Grade(s): <u>8-12</u> # of Students: <u>10</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ _____ Funding source for the trip will be: <input type="checkbox"/> General funds <input type="checkbox"/> Restricted funds <input checked="" type="checkbox"/> No District funds will be used

**RESOLUTION  
OF THE  
BOARD OF EDUCATION  
OF THE  
OAKLAND UNIFIED SCHOOL DISTRICT  
Resolution No. 1314-1099**

**AUTHORIZATION FOR APPROVAL OF STUDENT TRAVEL AND/OR EDUCATIONAL  
ORGANIZATION CONTRACT**

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, Superintendent requests the Board of Education to approve the Request for Student Travel to China, July 18, 2014 through July 29, 2014 by Coliseum College Preparatory Academy students.

NOW, THEREFORE, BE IT RESOLVED, the Board of Education of the Oakland Unified School District does hereby approve:

Request for student travel for 10 students, in Grades 8-12, and 2 adults from Coliseum College Preparatory Academy to travel to China, for students to visit sites of historical and cultural significance in and around Beijing and Shanghai (such as Great Wall, Tiananmen Square, and the Forbidden City). Students will also be studying the role of China in world energy through a visit to a solar panel manufacturing plant, for the period of July 18, 2014 through July 29, 2014, at no cost to the District.

Passed by the following vote:

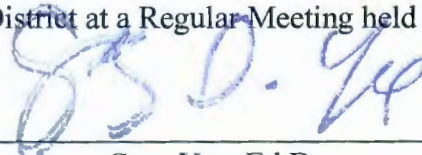
AYES: Jody London, Jumoke Hinton Hodge, Anne Campbell, Roseann Torres, Christopher Dobbins, Vice President James Harris

NAYS: None

ABSTAINED:None

ABSENT: President David Kakishiba

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Board of Education of the Oakland Unified School District at a Regular Meeting held May 14, 2014.



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Gary Yee, Ed.D.  
Secretary, Board of Education





OUT OF STATE FIELD TRIP/EXCURSION REQUEST

RECEIVED 4/1/14

OAKLAND USD APR 04 2013 HIGH SCHOOL NETWORK

Basic Directions

- 1. Requests must be submitted to Network Executive Officer no later than 120 days prior to departure
2. Board approval is required for all out of state trips.
3. Use of Restricted Funds requires additional approval by State & Federal Compliance
4. OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 has been obtained for all non-District employee chaperones.
5. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
6. Check the Pre-Approved Vendor List for contract and insurance requirements

Table with 2 columns: Document Type (Required Documents for Request Approval, Required Documents for Trip Approval) and Checklist items (Copy of program/vendor information, All facility, program or vendor agreements, Certificate of insurance, Board Approval Memo, Checklist Prior to Trip Departure, List of students and adults, Declaration of Driver).

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Coliseum College Prep Academy Site Number: 232

Destination: China
Address:
Phone:

Date of Departure: 7/18/2014 Time of Departure: 8am Place of Departure: SFO
Date of Return: 7/29/2014 Time of Return: 11pm Place of Return: SFO

Class(es) or Group Attending: Global Explorers/Learning AFAR

Grade(s): 8-12 # of Students: 10 # of Adults: 2

Teacher Supervising Trip: Amy Boyle Emergency Contact # during trip: 908-619-5345

Supervising teacher's email address: amy.boyle@ousd.k12.ca.us

Describe itinerary and activities: Students will fly into Beijing and out of Shanghai for a 10 day expedition with Global Explorers.
(checked) Trip will include swim or water activities



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

Site: Coliseum College Prep Academy  
 Teacher Supervising Trip: Amy Boyle  
 Destination: China  
 Trip Departure Date: 7/18/2014

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <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		✓		4/4/14
<b>Network Executive Officer</b> <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		✓		4/4/14
<b>State/Federal Compliance</b> (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
<b>Risk Management</b> <input checked="" type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input checked="" type="checkbox"/> Notify Site of <b>conditional approval</b> of Request <b>pending</b> receipt of the completed Checklist Prior to Trip Departure (and attachments)		✓		4/14/2014

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
<b>Site Administrator</b> <input type="checkbox"/> Forward the <b>completed</b> : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by <b>each</b> driver of private or rental vehicle		✓		4/4/14
<b>Risk Management</b> <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		✓		4/14/14
<b>Superintendent</b> <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		✓		4/21/14





Names of Teachers and staff attending trip:	Teachers: Amy Boyle Staff: Fabiana Ahumada
Describe mode of transportation for each leg of the trip:	Flights, tourist bus.
Describe how this trip 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:	Students will take a rigorous 2 hour weekly class on Chinese history and cultural aligned to World History standards. Students will also be studying China's impact and involvement with world energy both before and during the trip. We will be visiting a solar energy design firm in Silicon Valley before the trip, then visiting the manufacturing plant while in China. Students will have to complete a culminating "magazine" project that summarizes aspects of the trip.

**TRIP COSTS**

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

**TRANSPORTATION**

Note: Site must order AC Transit and BART tickets.

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

# of buses ordered: \_\_\_\_\_ Size of bus ordered: \_\_\_\_\_ Wheelchair accessible needed? \_\_\_\_\_

Bus Company: \_\_\_\_\_ Cost of transportation: \$ \_\_\_\_\_ Restricted funds? \_\_\_\_\_

Charter Bus Account: Org. Key \_\_\_\_\_ Object: **5826** Charter Bus PO #: \_\_\_\_\_

**ADMISSION COSTS**

Cost per student: \$ \_\_\_\_\_ Cost per adult: \$ \_\_\_\_\_ Total cost: \$ \_\_\_\_\_ Restricted funds? \_\_\_\_\_

Admission Account: Org. Key \_\_\_\_\_ Object **5829** Admissions PO #: \_\_\_\_\_

**SUBSTITUTES** Are Subs Needed? Yes:  No:  (Note: School site is responsible for ordering substitutes)

**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.)

**STATE & FEDERAL COMPLIANCE**

If restricted funds are used for this field trip/excursion, State & Federal Compliance approval is required.

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



OAKLAND UNIFIED  
SCHOOL DISTRICT

**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 Elizabeth Bagot  
(Name of Student - please print)

to participate in a field trip to: China Date(s): 7/18/14 - 7/29/14

Emergency Contact Number(s) for Parent/Guardian: 1. 510-200-1548 2. 510 712-1357 510 329 3090

Alternate Emergency Contact Name: Olivia E Rondie Park Phone Number(s): 510-712-1357

Student's Critical Medical Needs/Medications/Allergies/Conditions: \_\_\_\_\_

Health Insurance Plan Name<sup>1</sup>: \_\_\_\_\_ Subscriber/Policy No. \_\_\_\_\_

**Swim Permission** - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming activities? Yes \_\_\_\_\_ No (X)

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)

Date: 4/6/14 Parent or Guardian Signature: Olivia E Rondie Park

Print Name: Olivia E Rondie Park

**FOR HIGH SCHOOLS ONLY:** With the 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 will arrive at the destination on his/her own.

\_\_\_\_\_ My high school student will leave the destination on his/her own.

All Phone Number Emergency

① 510 712-1357 Mother Olivia Park

② 510 200-1548 Father Rondie Park

③ 510 329 3090 grandmother Elizabeth Sinclair

<sup>1</sup> Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).





OAKLAND UNIFIED  
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**TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for my daughter/son/ward Juan Bautista  
(Name of Student - please print)  
to participate in a field trip to: China Date(s): 7/18/14 - 7/29/14  
Emergency Contact Number(s) for Parent/Guardian: 1. <sup>610</sup> 301-8178 2. 730-44003  
Alternate Emergency Contact Name: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
Student's Critical Medical Needs/Medications/Allergies/Conditions: None

Health Insurance Plan Name<sup>1</sup>: Medi-cal Subscriber/Policy No. \_\_\_\_\_

**Swim Permission** - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming 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)

Date: 4/3/14 Parent or Guardian Signature: Ramona Bautista  
Print Name: Ramona Bautista

**FOR HIGH SCHOOLS ONLY:** With the 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 will arrive at the destination on his/her own.

\_\_\_\_\_ My high school student will leave the destination on his/her own.

<sup>1</sup> Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).



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DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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**TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for my daughter/son/ward MARLEN ESCOBEDO  
(Name of Student - please print)

to participate in a field trip to: China Date(s): 7/18/14 - 7/29/14

Emergency Contact Number(s) for Parent/Guardian: 1. (510) 395-3160 2. (510) 978-7307 3. (510) 568-7248

Alternate Emergency Contact Name: ELISA ORTIZ LUIS ESCOBEDO Phone Number(s): \_\_\_\_\_

Student's Critical Medical Needs/Medications/Allergies/Conditions: NO

Health Insurance Plan Name<sup>1</sup>: NO Subscriber/Policy No. NO

**Swim Permission** - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming 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)

Date: 4-3-14 Parent or Guardian Signature: Elisa Escobedo  
Print Name: ELISA ESCOBEDO

**FOR HIGH SCHOOLS ONLY:** With the 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 will arrive at the destination on his/her own.

\_\_\_\_\_ My high school student will leave the destination on his/her own.

<sup>1</sup> Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).





OAKLAND UNIFIED  
SCHOOL DISTRICT

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**TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for my daughter/son/ward Tania fernandez  
(Name of Student - please print)

to participate in a field trip to: China Date(s): 7/18/14 - 7/29/14

Emergency Contact Number(s) for Parent/Guardian: 1. 50 754-1850 2. 4327520 3. \_\_\_\_\_

Alternate Emergency Contact Name: Linda Flores Phone Number(s): \_\_\_\_\_

Student's Critical Medical Needs/Medications/Allergies/Conditions: \_\_\_\_\_

Health Insurance Plan Name<sup>1</sup>: Allameda Alliance Subscriber/Policy No. 000328674-01

**Swim Permission** - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming 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)

Date: 07-03-14 Parent or Guardian Signature: Ruth Irabela

Print Name: Ruth Irabela

**FOR HIGH SCHOOLS ONLY:** With the 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 will arrive at the destination on his/her own.

\_\_\_\_\_ My high school student will leave the destination on his/her own.

<sup>1</sup> Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).



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

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**TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for my daughter/son/ward Elizabeth Mendoza  
(Name of Student - please print)  
to participate in a field trip to: China Date(s): 7/18/14 - 7/29/14  
Emergency Contact Number(s) for Parent/Guardian: 1. 510) 927 7014 510) 57519953  
Alternate Emergency Contact Name: Patricia Silva Phone Number(s): 510) 927 7014  
Student's Critical Medical Needs/Medications/Allergies/Conditions: NO

Health Insurance Plan Name<sup>1</sup>: Health Pac Subscriber/Policy No. \_\_\_\_\_

**Swim Permission** - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming 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)

Date: 4-3-14 Parent or Guardian Signature: PATRICIA SILVA  
Print Name: Patricia Silva

**FOR HIGH SCHOOLS ONLY:** With the 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 will arrive at the destination on his/her own.

\_\_\_\_\_ My high school student will leave the destination on his/her own.

<sup>1</sup> Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).





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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 JESSICA KARINA RODRIGUEZ  
(Name of Student - please print)

to participate in a field trip to: China Date(s): 7/18/14 - 7/29/14

Emergency Contact Number(s) for Parent/Guardian: 1. 510) 638-7972 2. 510 260-3559 3. 510 343-1358

Alternate Emergency Contact Name: Sonia Rodriguez Phone Number(s): 510) 932-9009

Student's Critical Medical Needs/Medications/Allergies/Conditions: NONE

Health Insurance Plan Name<sup>1</sup>: \_\_\_\_\_ Subscriber/Policy No. \_\_\_\_\_

**Swim Permission** - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming 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)

Date: 7/3/14 Parent or Guardian Signature: Maria Villarreal

Print Name: MARIA VILLARREAL

**FOR HIGH SCHOOLS ONLY:** With the 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 will arrive at the destination on his/her own.

My high school student will leave the destination on his/her own.

<sup>1</sup> Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).



OAKLAND UNIFIED  
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**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 BRYAN R Perez WANCET  
(Name of Student - please print)

to participate in a field trip to: China Date(s): 7/18/14 - 7/29/14

Emergency Contact Number(s) for Parent/Guardian: 1. <sup>S/O</sup> 435-9216 2. <sup>S/O</sup> 393-4959 3. \_\_\_\_\_

Alternate Emergency Contact Name: Saul Perez Phone Number(s): <sup>S/O</sup> 393-4959

Student's Critical Medical Needs/Medications/Allergies/Conditions: ROA

Health Insurance Plan Name<sup>1</sup>: Blue Shield Subscriber/Policy No. \_\_\_\_\_

**Swim Permission** - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming 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)

Date: 4-2-14 Parent or Guardian Signature: [Signature]  
Print Name: Maricela Wancet

**FOR HIGH SCHOOLS ONLY:** With the 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 will arrive at the destination on his/her own.

\_\_\_\_\_ My high school student will leave the destination on his/her own.

<sup>1</sup> Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).





**OAKLAND UNIFIED  
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**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 JEFFERIE PETHAVAL JR  
(Name of Student - please print)

to participate in a field trip to: China Date(s): 7/18/14 - 7/29/14

Emergency Contact Number(s) for Parent/Guardian: 1. (510) 687-9344 2. (310) 435-6270 3. (510) 508-6530

Alternate Emergency Contact Name: JENNIFER SHERRILL Phone Number(s): (510) 633-0538

Student's Critical Medical Needs/Medications/Allergies/Conditions: \_\_\_\_\_

Health Insurance Plan Name: Actna Subscriber/Policy No. W0599 90540

**Swim Permission** - If swimming is a part of the field trip, do you give permission for your daughter/son/ward to participate in swimming 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)

Date: 4-3-14 Parent or Guardian Signature: [Signature]

Print Name: JEFF PETHAVAL

**FOR HIGH SCHOOLS ONLY:** With the 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 will arrive at the destination on his/her own.

\_\_\_\_\_ My high school student will leave the destination on his/her own.

<sup>1</sup> Oakland Unified School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).



OAKLAND UNIFIED SCHOOL DISTRICT

**INFORMACIÓN DEL VIAJE DE ESTUDIO/EXCURSIÓN**  
 DESTINO FUERA DE CALIFORNIA (regrese la forma completa a la escuela)

Los viajes de estudio son importantes puesto que extienden las experiencias de aprendizaje y le dan a los estudiantes oportunidades para relacionar la educación al mundo fuera de la escuela. Sin embargo, los viajes de estudio son voluntarios y no se requiere que los estudiantes asistan. Actividades de aprendizaje alternas son provistas para quienes no van.

**A COMPLETARSE POR EL PADRE/TUTOR:**

Doy mi autorización para que mi hija/hijo/pupilo Bryan Sarat Macario  
(Nombre del estudiante - por favor en letra de molde)

Participe en un viaje de estudios a: China Fecha(s): 7/18/14 - 7/22/14

Número(s) de contacto de emergencia para padre/tutor: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Nombre del contacto de emergencia alterno: \_\_\_\_\_ Número(s) de teléfono: \_\_\_\_\_

Necesidades/medicinas/alergias/condiciones médicas críticas del estudiante: \_\_\_\_\_

Nombre del Plan de Seguro de Salud<sup>1</sup>: \_\_\_\_\_ No. De Póliza del suscriptor \_\_\_\_\_

**Permiso de nadar** - Si el nadar es parte de la excursión, ¿le da usted permiso a su hija/hijo/pupilo de participar en las actividades de natación? Sí \_\_\_\_\_ No \_\_\_\_\_

La habilidad de natación de mi hijo es (marque uno): Principiante \_\_\_\_\_ Intermedio \_\_\_\_\_ Avanzado \_\_\_\_\_

**Autorización Para Tratar un Menor:** En caso de que yo, u otro padre/tutor, no se pueda contactar, por medio de la presente doy permiso para que el personal de la escuela asegure el tratamiento apropiado para mi hija/hijo/pupilo.

**Aviso de Renuncia a Todas las Demandas:** Por medio de la presente renuncio a todas las demandas mías, de mi hija/hijo/pupilo en contra de cualquier distrito escolar, escuela charter y/o el estado de California por lesión, accidente, enfermedad, o muerte que ocurra durante o a causa del viaje de estudio/excursión fuera del estado. (Código de Educación Sección 35330)

Fecha: 4/8/14

Firma del Padre o Tutor: Elizabeth Macario

Nombre en Letra de Molde: Elizabeth Macario

**PARA PREPARATORIAS SOLAMENTE:** Con el permiso del padre/tutor y del maestro supervisor, un estudiante de preparatoria se puede reunir en y/o irse del destino por sí mismo. Por favor marque abajo si usted otorga permiso para que su estudiante de preparatorio llegue o deje su destino por sí mismo. Bajo esta opción, OUSD y la escuela no son responsables por cualquier incidente que pueda ocurrir.

\_\_\_\_\_ Mi estudiante de preparatoria llegará a su destino por sí mismo.

\_\_\_\_\_ Mi estudiante de preparatoria saldrá de su destino por sí mismo.

<sup>1</sup> El Distrito Escolar Unificado de Oakland no provee seguro para este viaje/excursión, aunque hay seguro opcional para comprarse en <https://studentinsuranceusa.com/> (apriete el enlace a K-12 Plans).





OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Site: Coliseum College Prep Academy - 232
Teacher Supervising Trip: Amy Boyle
Destination: China
Trip Departure Date: 7/18/2014

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

- ABK "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
ABK "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee chaperones.
ABK OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
ABK No student has been prevented from making a trip due to lack of sufficient funds.
ABK 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.
ABK 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.
ABK Health Conditions/Medication: 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.
ABK 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.
ABK Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153.
ABK Sleeping arrangements and night supervision are safe and appropriate.
ABK Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones).
ABK Confirm that: (1) if destination is out of Oakland, arrangements have been made for use of an additional vehicle in event of illness or emergency and (2) students received instruction in safe conduct on bus or other transport.
ABK 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.
ABK [ ] Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
ABK Confirm all student participants on higher risk activities (e.g. swimming, snow trips, horseback riding, sailing, rafting, etc) are covered by medical or accident insurance as required by AR 6153.
ABK Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



April 9, 2014

To Whom It May Concern:

We are providing this letter as confirmation that the following participants are provided with our standard travel insurance as listed below and in attached documents.

Participants covered for the July 18 - 29, 2014 expedition to China:

Amy Boyle  
Fabiana Ahumada-Ibarra  
Marlen Escobedo  
Jeffrey Pettaway  
Bryan Perez-Wencez  
Bryan Sarat-Macario  
Elizabeth Mendoza  
Elizabeth Bagot  
Cassandra Guzman  
Jessica Rodriguez  
Juan Bautista  
Tania Fernandez

### Global Explorers Travel Insurance Policy:

We believe that travel insurance is essential for a successful GEx Program. Travel insurance may cover everything from emergency medical treatment and evacuation to lost luggage to unexpected changes in itinerary that are beyond the control of GEx (e.g. flight delays or cancellations). As with any insurance policy, one must consult the specific details of what the insurance policy covers and, just as importantly, does not cover. You will find a wide spectrum of possibilities available depending on the amount of coverage you desire.

Most travel companies do not provide travel insurance as a part of their standard published rates for trips. Rather, they encourage individual travelers to purchase their own travel insurance. In one respect, Global Explorers follows this trend in the travel business: we encourage all of our travelers to consult travel insurance companies to determine a policy that sufficiently meets the traveler's desire to balance risk with cost.

However, GEx does provide a baseline amount of travel insurance for every traveler. We have selected a policy that covers some emergency medical needs and cases of unexpected travel delays. Missing from this policy are such items as cancellation insurance and terrorism coverage (though that coverage is very limited to begin with).





We have attached additional coverage information from our insurance company. This does not represent the actual insurance policy (the “certificate of insurance”). Rather, it is a summary of standard benefits and limits of liability that are commonly included in your Global Explorers travel insurance. *Attached please find the latest insurance certificate which details all items covered.*

#### **Additional Travel Insurance Companies**

The following companies are some of the most well-known and popular travel insurance companies. Their listing here in no way represents a recommendation by Global Explorers to use these specific companies. You should do your own research to find a company and a policy that suits you best.

- Travel Guard ([www.travelguard.com](http://www.travelguard.com))
- Travel Insured International ([www.travelinsured.com](http://www.travelinsured.com))
- CSA Travel ([www.travelsecure.com](http://www.travelsecure.com))

If you decide to seek additional coverage beyond the basic Global Explorers coverage, we have included some information below that will help you. Travel insurance **DOES NOT** cover all potential causes of trip cancellation. However, it does cover many of them. It also offers many medical benefits that cover travelers in case of medical emergencies. Here are some things that **CAN BE** offered by travel insurance policies. Again, these items do not represent the policy that Global Explorers has for your travelers. This is general information compiled to help you make a responsible decision about travel insurance.

**Trip Cancellation** In the event that you cannot travel **FOR CERTAIN REASONS** identified by the insurance provider, travel insurance will cover the full cost of your trip. Reasons typically include sicknesses, severe weather, and terrorist incidents in the city you will be visiting, and travel supplier cancellations. The **REASONS** are always clearly specified in the individual policy. Trip cancellation does not apply for example, to a traveler simply changing their mind or even to State Department travel warnings.

The cost of travel insurance beyond what Global Explorers provides ranges from \$65-125 per person based on the total cost of the trip, what the existing travel insurance plan covers and the age of the traveler.

If you have any additional questions, please do not hesitate to call us.

Sincerely,

Jane Jennings  
Group Manager  
Global Explorers



OAKLAND UNIFIED SCHOOL DISTRICT

INFORMACIÓN DEL VIAJE DE ESTUDIO/EXCURSIÓN DESTINO FUERA DE CALIFORNIA (regrese la forma completa a la escuela)

Los viajes de estudio son importantes puesto que extienden las experiencias de aprendizaje y le dan a los estudiantes oportunidades para relacionar la educación al mundo fuera de la escuela. Sin embargo, los viajes de estudio son voluntarios y no se requiere que los estudiantes asistan. Actividades de aprendizaje alternas son provistas para quienes no van.

A COMPLETARSE POR EL PADRE/TUTOR:

Doy mi autorización para que mi hija/hijo/pupilo Cassandra Guzman (Nombre del estudiante - por favor en letra de molde)

Participe en un viaje de estudios a: China Fecha(s): 7/18/14 - 7/22/14

Número(s) de contacto de emergencia para padre/tutor: 1510 692 6927 3.

Nombre del contacto de emergencia alterno: Porfirio Guzman Número(s) de teléfono: (510) 712 4538

Necesidades/medicinas/alergias/condiciones médicas críticas del estudiante:

Nombre del Plan de Seguro de Salud: No. De Póliza del suscriptor

Permiso de nadar - Si el nadar es parte de la excursión, ¿le da usted permiso a su hija/hijo/pupilo de participar en las actividades de natación? Sí No

La habilidad de natación de mi hijo es (marque uno): Principiante Intermedio Avanzado

Autorización Para Tratar un Menor: En caso de que yo, u otro padre/tutor, no se pueda contactar, por medio de la presente doy permiso para que el personal de la escuela asegure el tratamiento apropiado para mi hija/hijo/pupilo.

Aviso de Renuncia a Todas las Demandas: Por medio de la presente renuncio a todas las demandas mías, de mi hija/hijo/pupilo en contra de cualquier distrito escolar, escuela charter y/o el estado de California por lesión, accidente, enfermedad, o muerte que ocurra durante o a causa del viaje de estudio/excursión fuera del estado. (Código de Educación Sección 35330)

Fecha: 04-11-14 Firma del Padre o Tutor: Silvia Hernández Nombre en Letra de Molde: Silvia Hernández

PARA PREPARATORIAS SOLAMENTE: Con el permiso del padre/tutor y del maestro supervisor, un estudiante de preparatoria se puede reunir en y/o irse del destino por sí mismo. Por favor marque abajo si usted otorga permiso para que su estudiante de preparatorio llegue o deje su destino por sí mismo. Bajo esta opción, OUSD y la escuela no son responsables por cualquier incidente que pueda ocurrir. Mi estudiante de preparatoria llegará a su destino por sí mismo. Mi estudiante de preparatoria saldrá de su destino por sí mismo.

El Distrito Escolar Unificado de Oakland no provee seguro para este viaje/excursión, aun y seguro opcional para comprarse en https://studentinsuranceusa.com/ (apriete el enlace a K-12 Plans).



## 360° Student Group Post Departure Coverage Highlights

### Post Departure Plan Benefits (per person)

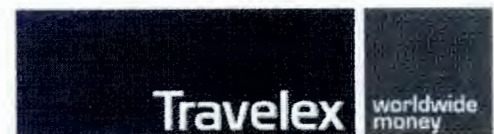
<b>Trip Interruption</b>	\$1,000
<b>Trip Delay</b>	\$1,000
<b>Missed Connection</b>	\$1,000
<b>Accident &amp; Sickness Medical</b>	\$50,000
<b>Medical Evacuation / Repatriation</b>	\$250,000
<b>Baggage / Baggage Delay</b>	\$1,500 / \$250
<b>24 Hour AD&amp;D</b>	\$25,000
<b>Travel Assistance &amp; Concierge Services</b>	Included
<b>Other Highlights</b>	
<b>Pre-Existing Condition Exclusion Waiver</b>	Available up to & including final payment
<b>Maximum Trip Length</b>	120 days
<b>Plan/ Form Number Indicator</b>	360SP 0110
<b>Underwriter</b>	United States Fire Insurance Company
<b>Claims &amp; Administrator</b>	US Fire Claims Administration

### Post Departure Plan Rates (per person)

<b>360° Student Group</b>	<b>Includes Trip Interruption</b>
<b>0-30 days</b>	\$10
<b>31-120 days</b>	\$10 + \$1 / day

**For Further Questions Call 1-800-446-9007**

This is a partial description of benefits. Benefits and rates are per person. Rates are subject to change. Certain conditions, exclusions and limitations apply as set out in the Travel Insurance Certificate. Please refer to the applicable Travel Insurance Certificate for full details.





# 360°

## Student Travel Protection



Travel Insurance Certificate  
Post Departure Plan



Insurance Services

### United States Fire Insurance Company

Administrative Office: 5 Christopher Way  
Eatontown, NJ 07724

(Hereinafter referred to as "the Company")

#### DESCRIPTION OF COVERAGE Plan # 360SP

This Description of Coverage is a summary of the travel insurance benefits underwritten by United States Fire Insurance Company, herein referred to as the Company and also referred to as We, Us and Our. **Notice:** Provisions may vary by Your state of residence. Contact Travelex Customer Service if You have questions.

Insurance provided by this Description of Coverage is subject to all of the terms and conditions of the Group Policy. If there is a conflict between the Policy and this Description of Coverage, the Policy will govern.

#### SCHEDULE OF BENEFITS

Benefit	Maximum Benefit Amount
Accidental Death and Dismemberment .....	\$25,000
<b>Medical Expense/Emergency Assistance</b>	
Accident and Sickness Medical Expense ....	\$50,000
Emergency Evacuation and Repatriation ...	\$250,000
Trip Interruption .....	\$1,000
Missed Connection .....	\$1,000
Travel Delay .....	\$1,000
Baggage and Personal Effects .....	\$1,500
Baggage Delay .....	\$250
On Call 24-Hour Assistance Services .....	Included

The travel insurance is underwritten by United States Fire Insurance Company under Form Series TP 401. In KS, LA, SD, TX, and UT Form #'s TP-401 CW. In WA under Form #TP-401-WA. In OR under Form #TP-401 OR.

**Notice:** If You are a resident of one of the following states (KS, LA, OR, SD, TX, UT, WA) Your coverage is provided on an individual policy form. Your policy number is Your complete name plus 360SP. If You live in any other state Your coverage is provided via a certificate. Your policy or certificate (including State Exceptions for AR, FL, ID, IL, KS, LA, ME, MS, MO, MT, NH, NY, OR, SD, TX, UT, VT, WA, WV, WI, and WY) and all General and "COB" Provisions are available at [www.tripmate.com](http://www.tripmate.com). You can also request this information by calling Travelex Customer Service at 1-800-965-8859.

## SECTION I. Coverages

### ACCIDENTAL DEATH AND DISMEMBERMENT

You are eligible for benefits 24 hours a day, up to the Maximum Benefit Amount, when You sustain an Injury during the Trip which results in any of the following losses within 180 days of the date of the Injury causing the Loss.

#### Benefits will be paid as follows:

Loss:	Percentage of Principal Sum Payable:
Life.....	100%
Both Hands; Both Feet or Sight of Both Eyes .....	100%
One Hand and One Foot.....	100%
One Hand and Sight of One Eye .....	100%
One Foot and Sight of One Eye.....	100%
One Hand; One Foot or Sight of One Eye .....	50%

**Loss of hand or hands, or foot or feet**, means severance at or above the wrist joint or ankle joint, respectively.

**Loss of eye or eyes** means the total and irrecoverable loss of the entire sight thereof. Only one of the amounts shown above (the largest applicable) will be paid for Injuries resulting from one accident.

The benefit for loss of: (a) two limbs; (b) both eyes; or (c) one limb and one eye is payable only when such loss results from the same accident.

The Principal Sum is shown in the Schedule of Benefits.

### ACCIDENT & SICKNESS MEDICAL EXPENSE

For the purpose of this benefit:

**"Covered Expense"** means expense incurred for services and supplies: (a) listed below; and (b) ordered or prescribed by a Legally Qualified Physician as Medically Necessary for diagnosis or treatment; which is limited to:

1. The services of a Legally Qualified Physician;
2. Hospital or ambulatory medical-surgical center services (this will also include expenses for a cruise ship cabin or hotel room, not already included in the cost of Your Trip, if recommended as a substitute for a Hospital room for recovery of a Sickness or Injury);
3. Transportation furnished by a professional ambulance company to and/or from a Hospital; and prescribed drugs, prosthetics and therapeutic services and supplies.

Benefits will be paid for the Covered Expense incurred, up to the Maximum Benefit Amount, if You incur a Covered Expense as a result of a Sickness that first manifests itself during the Trip or Injury that occurs during the Trip. Only Covered Expenses incurred during the Trip will be reimbursed. Expenses incurred after the Trip ends are not covered.



Benefits will include expenses incurred during the Trip for emergency dental treatment due to Injury not to exceed \$750. Expenses for emergency dental treatment incurred after the Trip are not covered.

Benefits will not be paid in excess of the Usual and Customary Charges.

Advance payment will be made to a Hospital, up to the Maximum Benefit Amount, if needed, to secure Your admission to a Hospital, because of a covered Sickness or Injury. The Program Medical Advisor will coordinate advance payment to the Hospital.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

### MEDICAL EVACUATION AND REPATRIATION OF REMAINS

When You suffer a loss of life for any reason or incur a Sickness or Injury during the course of a Trip, the following benefits are payable, up to the Maximum Benefit Amount.

1. **Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that transportation to a Hospital or medical facility is Medically Necessary to treat an unforeseen Sickness or Injury which is acute or life threatening and adequate Medical Treatment is not available in the immediate area, the Transportation Expense incurred will be paid for the Usual and Customary Charges for transportation to the closest Hospital or medical facility capable of providing that treatment.

If You are in the Hospital for more than 7 consecutive days and Your dependent children who are under 18 years of age and accompanying You on the Trip are left unattended, Economy Transportation will be paid to return the dependents to their home (with an attendant, if considered necessary by the Program Medical Advisor).

If You are traveling alone and will be hospitalized for more than 7 consecutive days and Emergency Evacuation is not imminent, benefits will be paid to transport one person, chosen by You, by Economy Transportation, for a single visit to and from Your bedside.

2. **Non-Emergency Medical Evacuation:** If the local attending Legally Qualified Physician and the Program Medical Advisor determine that it is Medically Necessary for You to return to Your place of permanent residence because of an unforeseen Sickness or Injury which is acute or life-threatening, the Transportation Expense incurred will be paid for Your return to Your permanent residence or to a Hospital or medical facility closest to Your permanent place of residence capable of providing that treatment via one of the following methods of transportation, as approved, in writing, by the Program Medical Advisor: i) one-way Economy Transportation; ii) commercial air upgrade (to Business or First Class), based on Your condition as recommended by the local attending Legally Qualified Physician and verified in writing; or iii)

other covered land or air transportation including, but not limited to, commercial stretcher, medical escort, or the Usual and Customary Charges for air ambulance, provided such transportation has been pre-approved and arranged by the Program Medical Advisor. Transportation must be via the most direct and economical route.

3. **Repatriation of Remains:** In the event of Your death, the expense incurred will be paid for minimally necessary casket or air tray, preparation and transportation of Your remains to Your place of residence or to the place of burial.

Benefits are paid less the value of Your original unused return travel ticket. If benefits are payable and You have other insurance that may provide benefits for this same loss, We reserve the right to recover from such other insurance. You shall: a) notify Us of any other insurance; b) help Us exercise the Company's rights in any reasonable way that We may request, including the filing and assignment of other insurance benefits; c) not do anything after the loss to prejudice Our rights; and d) reimburse Us, to the extent of any payment We have made, for benefits received from such other insurance.

### TRIP INTERRUPTION AND TRAVEL DELAY

**Trip Interruption:** Benefits will be paid, up to the Maximum Benefit Amount, for the non-refundable, unused portion of the prepaid expenses for land or water Travel Arrangements and the Additional Transportation Cost paid to return home or rejoin the Trip, when You are prevented from completing Your Trip due to:

1. Death involving You or Your Traveling Companion or Your or Your Traveling Companion's Business Partner or Your Family Member;
2. A covered Sickness or Injury involving You, Your Traveling Companion or Business Partner, or Your Family Member which necessitates Medical Treatment at the time of interruption and results in medically imposed restrictions, as certified by a Legally Qualified Physician, which prevents Your continued participation in the Trip; or
3. For the **Other Covered Reasons** listed below;

provided such circumstances occurred after Your Effective Date.

### Other Covered Reasons means:

- a. You or Your Traveling Companion being hijacked, quarantined, required to serve on a jury (notice of jury duty must be received after Your Effective Date) served with a court order to appear as a witness in a legal action in which You or Your Traveling Companion is not a party (except law enforcement officers);
- b. Your or Your Traveling Companion's principal place of residence being rendered uninhabitable by fire, flood, burglary or other natural disaster within 10 days of departure;
- c. Your or Your Traveling Companion's place of employment is rendered unsuitable for business due to fire, flood, burglary or other natural disaster and You and/or Your Traveling Companion are required to work as a result;
- d. a documented theft of passports or visas;
- e. a permanent transfer of employment of 250 miles or more;
- f. You or Your Traveling Companion being directly involved in a traffic accident, which must be substantiated by a police report, while en route to Your scheduled point of departure;
- g. unannounced Strike that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours;
- h. inclement Weather that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours;
- i. mechanical breakdown that causes complete cessation of services of Your Common Carrier for at least 12 consecutive hours;
- j. You or Your Traveling Companion is in the Military and called to emergency duty for a national disaster other than war;
- k. involuntary employer termination or layoff affecting You or a person(s) sharing the same room with You during Your Trip. Employment must have been with the same employer for at least 1 continuous year;
- l. a Terrorist Incident that occurs in a city listed on the itinerary of Your Trip and within 30 days prior to Your Scheduled Departure Date. Benefits are not provided if the Travel Supplier offers a substitute itinerary;
- m. revocation of Your previously granted leave or re-assignment due to war. Official written revocation/re-assignment by a supervisor or commanding officer of the appropriate branch of service will be required;



- n. Bankruptcy or Default of an airline, cruise line, tour operator or travel supplier (other than the tour operator or travel agency from whom You purchased Your Travel Arrangements) causing a complete cessation of travel services more than 14 days following Your Effective Date. Benefits will be paid due to Bankruptcy or Default of an airline only if no alternate transportation is available. If alternate transportation is available, benefits will be limited to the change fee charged to allow You to transfer to another airline in order to get to Your intended destination;
- o. Your family or friends with whom You were planning to stay are unable to provide accommodations due to life threatening illness, life threatening injury or death of one of them;
- p. mandatory evacuation or public official evacuation advisements where there is no mandatory evacuation issued by local government authorities at Your destination due to adverse weather or natural disaster. In order to cancel Your Trip, You must have 4 days or 50% of Your total Trip length or less remaining on Your Trip at the time the mandatory evacuation ends;
- q. felonious assault of You or Your Traveling Companion within 10 days of the Scheduled Departure Date.

**Additional Trip Interruption Benefits:** If Your Traveling Companion must remain hospitalized, benefits will also be paid for reasonable accommodation and transportation expenses incurred by You to remain with Your Traveling Companion up to \$1,000.

If You cannot continue travel due to a covered Injury or Sickness not requiring hospitalization, and You must extend Your Trip due to medically imposed restrictions, as certified by a Legally Qualified Physician, benefits will be paid for additional hotel nights up to \$1,000.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

**Missed Connection:** If You miss Your cruise or tour departure because Your arrival at Your Trip destination is delayed for 3 or more hours, benefits will be paid, on a one-time basis, up to the Maximum Benefit Amount, for a) the Additional Transportation Cost to join the Trip and b) the unused portion of the prepaid expenses for land or water Travel Arrangements, due to: a) any delay of a Common Carrier (the delay must be certified by the Common Carrier); b) a documented weather condition preventing You from getting to the point of departure; c) quarantine, hijacking, Strike, natural disaster, terrorism or riot.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

**Travel Delay:** Benefits will be paid for reasonable accommodation, meal, and local transportation expenses incurred by You, up to the Maximum Benefit Amount shown in the Schedule of Benefits, if You are delayed for 5 hours or more hours while en route to or from, or during a Trip, due to: a) any delay of a Common Carrier (the delay must be certified by the Common Carrier); b) a traffic accident in which You or Your Traveling Companion are not directly involved (must be substantiated by a police report); c) lost or stolen passports, travel documents or money (must be substantiated by a police report); d) quarantine, hijacking, Strike, natural disaster, terrorism or riot; e) a documented weather condition preventing You from getting to the point of departure.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

### BAGGAGE AND PERSONAL EFFECTS AND BAGGAGE DELAY

**Baggage and Personal Effects:** Coverage will be provided to You: (a) against all risks of permanent loss, theft or damage to Your Baggage and Personal Effects; (b) subject to all Exclusions and Limitations in the policy; (c) up to the Maximum Benefit Amount; and (d) occurring while this coverage is in force.

The lesser of the following amounts will be paid: 1) the actual cash value (cost less proper deduction for depreciation) at the time of loss, theft or damage; 2) the cost to repair or replace the article with material of a like kind and quality; or 3) \$300 per article.

A combined maximum of \$600 will be paid for jewelry, watches, articles consisting in whole or in part of silver, gold or platinum, articles trimmed with fur, cameras and their accessories and related equipment.

A maximum of \$50 will be paid for the cost of replacing a passport or visa. A maximum of \$50 will be paid for the cost associated with the unauthorized use of lost or stolen credit cards, subject to verification that You have complied with all conditions of the credit card company.

**Baggage and Personal Effects does not include:**

- 1) animals; 2) automobiles and automobile equipment; 3) boats or other vehicles or conveyances; 4) trailers; 5) motors; 6) aircraft; 7) bicycles, except when checked as baggage with a Common Carrier; 8) household effects and furnishings; 9) antiques and collectors items; 10) sunglasses, contact lenses, artificial teeth, dental bridges or hearing aids; 11) prosthetic limbs; 12) prescribed medications; 13) keys, money, credit cards (except as coverage is otherwise specifically provided herein); 14) securities, stamps, tickets and documents (except as coverage is otherwise specifically provided herein); 15) professional or occupational equipment or property, whether or not electronic business equipment; or 16) telephones, computer hardware or software.

### Additional Limitations and Exclusions Specific to Baggage and Personal Effects:

Benefits are not payable for any loss caused by or resulting from:

- a) breakage of brittle or fragile articles;
- b) wear and tear or gradual deterioration;
- c) confiscation or appropriation by order of any government or customs rule;
- d) theft or pilferage while left in any unlocked vehicle;
- e) property illegally acquired, kept, stored or transported;
- f) Your negligent acts or omissions; or g) property shipped as freight or shipped prior to the Scheduled Departure Date.

**Baggage Delay:** If, while on a Trip, Your checked baggage is delayed or misdirected by a Common Carrier for more than 12 hours from Your time of arrival at a destination other than at Your place of permanent residence, benefits will be paid, up to the Maximum Benefit Amount shown in the Schedule of Benefits, for the actual expenditure for necessary personal effects. You must be a ticketed passenger on a Common Carrier. The Common Carrier must certify the delay or misdirection. Receipts for the purchases must accompany any claim.

### Additional Provisions applicable to Baggage and Personal Effects and Baggage Delay:

Benefits will not be paid for any expenses which have been reimbursed or for any services which have been provided by the Common Carrier, hotel or Travel Supplier; nor will benefits be paid for loss or damage to property specifically scheduled under any other insurance.

These benefits will not duplicate any benefits payable under the policy or any coverage(s) attached to the policy.

### ACCESS YOUR MEDICAL RECORDS ONLINE

With our exclusive **Free Global Xpi Service**, you can assure that your important medical records are available to you or any Physician chosen by you, at any time, anywhere in the world, quickly, wherever there is internet access available. **Register at [www.globalxpi.com](http://www.globalxpi.com) or call, toll free:**

**1-800-379-9887 Use Program Code 360SP**

**These Services are Provided by:** Global Xpi, Inc.

### SECTION II. Definitions

**"Additional Transportation Cost"** means the actual cost incurred for one-way Economy Transportation by a Common Carrier reduced by the value of an unused travel ticket.

**"Baggage and Personal Effects"** means luggage, personal possessions and travel documents taken by You during a Trip.



**“Bankruptcy”** means the filing of a petition for voluntary or involuntary bankruptcy in a court of competent jurisdiction under Chapter 7 or Chapter 11 of the United States Bankruptcy Code 11 U.S.C. Subsection 101 et seq.

**“Business Partner”** means an individual who (a) is involved in a legal general partnership with You and/or (b) is actively involved in the day to day management of Your business.

**“Default”** means a material failure or inability to provide contracted services.

**“Common Carrier”** means any land, sea, and/or air conveyance operating under a valid license for the transportation of passengers for hire.

**“Domestic Partner”** means a person who is at least eighteen years of age and can show: 1) evidence of financial interdependence, such as joint bank accounts or credit cards, jointly owned property, and mutual life insurance or pension beneficiary designations; 2) evidence of continuous cohabitation throughout the 180 day period prior to Your Effective Date of the Plan; and 3) an affidavit of domestic partnership if recognized by the jurisdiction within which they reside.

**“Economy Transportation”** means the lowest published available transportation rate for a ticket on a Common Carrier matching the original class of transportation that You purchased for the Trip.

**“Family Member”** means any of the following who resides in the United States, Canada, or Mexico: Your or Your Traveling Companion's: legal spouse (or common-law spouse where legal), legal guardian, son or daughter (adopted, foster, step or in-law), brother or sister (includes step or in-law), parent (includes step or in-law), grandparent (includes in-law), grandchild, aunt, uncle, niece or nephew, Domestic Partner, an employed caregiver who lives with You, or a person for whom You are the primary caregiver with whom You have lived for 12 continuous months prior to the effective date of Your Plan, whether or not they travel with You.

**“Hospital”** means: (a) a place which is licensed or recognized as a general hospital by the proper authority of the state in which it is located; (b) a place operated for the care and treatment of resident inpatients with a registered graduate nurse (RN) always on duty and with a laboratory and X-ray facility; (c) a place recognized as a general hospital by the Joint Commission on the Accreditation of Hospitals. Not included is a hospital or institution licensed or used principally: (1) for the treatment or care of drug addicts or alcoholics; or (2) as a clinic, continued or extended care facility, skilled nursing facility, convalescent home, rest home, nursing home or home for the aged.

**“Inclement Weather”** means any weather condition that delays the scheduled arrival or departure of a Common Carrier.

**“Injury” or “Injuries”** means accidental bodily injuries: (a) received while insured under the Policy and any attached coverages; (b) resulting in loss independently of sickness and all other causes; and (c) not excluded from coverage.

**“Intoxicated”** means a blood alcohol level that equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where You are located at the time of an incident.

**“Insured”** means the person who purchased the Trip and who has paid the required plan cost for the protection plan provided herein, and also referred to as You and Your.

**“Legally Qualified Physician”** means a physician or a Christian Science Practitioner: (a) other than You, a Traveling Companion or a Family Member; (b) practicing within the scope of his/her license; and (c) recognized as a physician in the place where the services are rendered.

**“Maximum Benefit Amount”** means the maximum amount payable for coverage provided to You as shown in the Schedule of Benefits.

**“Medical Treatment”** means treatment, advice or consultation by a Legally Qualified Physician.

**“Medically Necessary”** means a service or supply which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; (c) could not have been omitted without adversely affecting Your condition or quality of medical care; (d) is delivered at the most appropriate level of care and not primarily for the sake of convenience; and (e) is not considered experimental unless coverage for experimental services or supplies is required by law.

**“Pre-Existing Condition”** means any injury, sickness or condition (including any condition from which death ensues) of You, Your Traveling Companion, or Your or Your Traveling Companion's Family Member traveling with You which within the 60 day period prior to the effective date of Your Trip Cancellation coverage under the Policy: (a) manifested itself, became acute or exhibited symptoms which would have caused one to seek diagnosis, care or treatment; (b) required taking prescribed drugs or medicine, unless the condition for which the prescribed drug or medicine is taken remains controlled without any change in the required prescription; or (c) required medical treatment or treatment was recommended by a Legally Qualified Physician.

**“Program Medical Advisor”** means On Call International, LLC.

**“Scheduled Departure Date”** means the date on which You are originally scheduled to leave on the Trip.

**“Scheduled Return Date”** means the date on which You are originally scheduled to return to the point of origin or the original final destination.

**“Sickness”** means an illness or disease that is diagnosed or treated by a Legally Qualified Physician after the effective date of insurance and while You are covered under the Policy.

**“Strike”** means any stoppage of work: (a) as a result of a combined effort of workers which was unannounced and unpublished at the time travel services were purchased; and (b) which interferes with the normal departure and arrival of a Common Carrier.

**“Terrorist Incident”** means an incident deemed a terrorist act by the United States Government that causes property damage and loss of life.

**“Third Party”** means a person or entity other than You or the Company.

**“Transportation Expense”** means: (a) the cost of conveyance of You and any medical personnel (if Medically Necessary); and (b) Medically Necessary services or supplies.

**“Travel Arrangements”** means: (a) transportation; (b) accommodations; and (c) other specified services arranged by the Travel Supplier for the Trip.

**“Traveling Companion”** means a person or persons with whom You have coordinated Travel Arrangements and intend to travel with during the Trip.

**“Travel Supplier”** means any entity or organization that coordinates or supplies travel services for You.

**“Trip”** means scheduled trips, tours or cruises for which: (a) coverage is requested; and (b) the required premium is submitted prior to the Scheduled Departure Date.

**“Usual and Customary Charges”** means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

### SECTION III. When Coverage Begins and Ends

#### Your Term of Coverage:

**For Travel Delay:** Coverage is in force while en route to and from and during the Trip.

**For all other coverages:** All Other Benefits begin on 12:01 a.m. on Your Scheduled Departure Date. Coverage ends at the point and time of return on Your Scheduled Return Date.

In the event the Scheduled Departure Date and/or the Scheduled Return Date are delayed, or the point and time of departure and/or point and time of return are changed because of circumstances over which neither the Travel Supplier nor You have control, Your term of coverage shall be automatically adjusted in accordance with the Travel Supplier's notice to Us of the delay or change.



## SECTION IV. General Limitations and Exclusions

Benefits are not payable for any loss due to, arising or resulting from:

1. suicide, attempted suicide or any intentionally self-inflicted injury while sane or insane (in Missouri, sane only);
2. an act of declared or undeclared war;
3. participating in maneuvers or training exercises of an armed service;
4. riding, driving or participating in races, or speed or endurance contests;
5. mountaineering (engaging in the sport of scaling mountains generally requiring the use of picks, ropes, or other special equipment);
6. participating in skydiving, hang gliding, bungee cord jumping, or scuba diving if the depth exceeds 130 feet or if You are not certified to dive and a dive master is not present during the dive;
7. piloting or learning to pilot or acting as a member of the crew of any aircraft;
8. being intoxicated, as specifically defined in the policy, or under the influence of any controlled substance unless administered on the advice of a Legally Qualified Physician;
9. the commission of or attempt to commit a felony or being engaged in an illegal occupation;
10. normal childbirth, normal pregnancy (except complications of pregnancy) or voluntarily induced abortion;
11. dental treatment (except as coverage is otherwise specifically provided herein);
12. amounts which exceed the Maximum Benefit Amount for each coverage as shown in the Schedule of Benefits;
13. due to a Pre-Existing Condition, as defined in the Policy. The Pre-Existing Condition Limitation does not apply to the Emergency Medical Evacuation or Return of Remains coverage; or
14. a mental or nervous condition, unless hospitalized.

### WAIVER OF THE PRE-EXISTING CONDITION EXCLUSION

The Pre-Existing Condition Exclusion is waived if payment for this plan is received with or before the final payment for Your Trip.

**Please Note:** This policy may not be purchased after You have made final payment for Your Trip.



## On Call International

### 24-Hour Medical Assistance

#### Contacting On Call's 24-Hour Service Center

When outside the USA or Canada, call us collect through a local operator (you will first have to enter the International Access Code of the country you are calling from). Within the USA or Canada, use the toll free number.

**Within U.S.A. & Canada**    **Outside U.S.A. & Canada**  
**1-800-784-0255**            **1-603-894-4710**

**YOUR PLAN NUMBER: 360SP**

**Medical Assistance** - Our multi-lingual professionals are available 24 hours a day to provide help, advice and referrals for medical emergencies. We will help you locate local physicians, dentists, or medical facilities.

**Medical Consultation and Monitoring** - If you are hospitalized, we will contact you and your treating physician to monitor your condition to assure you are receiving appropriate care and assess the need for further assistance. We will also contact your personal physician and family at home when necessary or requested to keep them informed of your situation.

**Medical Evacuation** - When medically necessary, we will arrange and pay for appropriate transportation, including an escort, if required, to a suitable hospital, treatment facility or home. Payment for Medical Evacuation is available only for covered claims and up to the amount of coverage provided in the policy. All medical transportation services must be authorized and arranged by On Call. In the event of an unauthorized Medical Evacuation, reimbursement may be limited or coverage may be invalidated.

**Emergency Medical Payments** - We will assist you in the advancement of funds or guarantee payments (up to the policy limits) to a hospital or other medical provider, if required, to secure your admission, treatment or discharge.

**Prescription Assistance** - We will assist you with replacing medications that are lost, stolen or spoiled during your Trip, either locally or by special courier.

**Repatriation of Remains** - In the event of death while on a Trip, we will arrange for the preparation and transportation required to return your remains to your Home.

**24 Hour Legal Assistance** - If while on your Trip you encounter legal problems, we will help you find a local legal advisor. If you are required to post bail or provide immediate payment of legal fees, we will assist you in arranging a funds transfer from family or friends.

**Nurse Helpline** - Registered nurses are available 24-Hours a day before and during your Trip to provide general health information, clinical assessment, and health counseling to give you assistance in making appropriate healthcare decisions.

## On Call Travel Solutions

### 24-Hour Worldwide Travel Services

**Message Services** - We will transmit emergency messages to family, friends or business associates and let you know that the message has been received.

**Language Interpretation Services** - We provide interpretation services in major languages and will refer you to appropriate local services, if needed.

**Emergency Cash Transfer** - We will help arrange an emergency cash transfer (wire transfer, travelers checks, etc.) of your funds from home or from friends or family in medical or travel emergency situations where additional funds are required.

**Pre-Trip Travel Services** - We provide 24-Hour information, help and advice for your planned Trip such as: passport and visa information, requirements and replacement; travel health information or advisories; vaccine recommendations and requirements; government agency contact information (i.e. embassies, consulates, and other departments or agencies); weather and currency information.

**Travel Document and Ticket Replacement** - When important travel documents (such as passports and visas) are lost or stolen, we will help you to secure replacements. We will also help you when airline or other travel tickets are lost or stolen. We will assist you with reporting your loss, reissuing tickets and obtaining the money required for this purpose (you are responsible for providing the funds).

### On Call Concierge Services

- Restaurant, shopping, hotel recommendations/reservations
- Local transport (rental car/limousine, etc.) information and reservations
- Sporting, theatre, night life and event information (sports scores, stock quotes, gift suggestions, etc.), recommendations and ticketing
- Golf course information, referrals, recommendations and tee times
- Tracking and assisting with the return of lost or delayed baggage

While we strive to provide help and advice for problems encountered by travelers wherever or whenever they occur, situations may arise beyond our control when immediate resolution is not possible. We will make every reasonable effort to refer you to appropriate medical and legal providers, but neither the Insurer nor On Call Worldwide Travel Services Network may be held responsible for the availability, quality or results of any medical treatment or your failure to obtain medical treatment.

**The 24-Hour Assistance Services are provided by:**  
On Call International, LLC



## WHERE TO PRESENT A CLAIM

Present all claims to the Claims Administrator:

**Travelers 360° Claims**  
P.O. Box 481127  
Kansas City, Missouri 64148-1127  
**Tel: 1-800-965-8859**  
**Plan Number: 360SP**

Claims may also be reported/completed online at:  
**[www.travelersinsurance.com](http://www.travelersinsurance.com)**

## SECTION V. General Provisions

**Subrogation:** If the Company has made a payment for a loss under this coverage, and the person to or for whom payment was made has a right to recover damages from the Third Party responsible for the loss, the Company will be subrogated to that right. You shall help the Company exercise the Company's rights in any reasonable way that the Company may request; not do anything after the loss to prejudice the Company's rights; and in the event You recover damages from the Third Party responsible for the loss, You will hold the proceeds of the recovery for the Company in trust and reimburse the Company to the extent of the Company's previous payment for the loss.

**Additional Claims Provisions Specific to Baggage:** Your Duties after Loss of or Damage to Property or Delay of Baggage: In case of loss, theft, damage or delay of baggage or personal effects, You must: a) take all reasonable steps to protect, save or recover the property; b) promptly notify, in writing, either the police, hotel proprietors, ship lines, airlines, railroad, bus, airport or other station authorities, tour operators or group leaders, or any Common Carrier or bailee who has custody of Your property at the time of loss; c) produce records needed to verify the claim and its amount and permit copies to be made; d) provide to the Company, within 90 days from the date of loss, a detailed proof of loss signed and sworn to; and e) be examined, if requested.

## SECTION VI. Coordination of Benefits

**Applicability:** The Coordination of Benefits ("COB") provision applies to this Plan when You have health care coverage under more than one Plan.

### Questions? Call 1-800-965-8859

Please reference the following information when seeking travel assistance or reporting a claim:

**PLAN NUMBER: 360SP**

**LOCATION NUMBER:**