

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

File ID Number	13-0704
Introduction Date	4/24/13
Enactment Number	13-0670
Enactment Date	4/24/13 OA

# Memo

**To** Board of Education  
**From** Anthony Smith, Superintendent  
**Board Meeting Date** 4/24/13  
**Subject** Approval of Request for Student Travel

<b>Action Requested</b>	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Bret Harte Middle School</u> to <u>Washington D.C. and Williamsburg, VA</u> for the period of <u>3/25/13</u> through <u>3/29/2013</u> . Grade(s): <u>8th</u> # of Students: <u>20</u> # of Adults: <u>2</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
<b>Educational Purpose of Trip</b>	Visiting Washington D.C. and Williamsburg, VA will provide 8th grade students with hands on learning of American History align with state standards for 8th grade history requirement. This will supplement students knowledge and provide readiness for CST History exam
<b>Itinerary and activities</b>	"SEE ATTACHED ITINERARY"
<b>Teachers and Staff Attending Trip</b>	Keith Brown and Chantell Parnell
<b>Site Administrator Affirms</b>	<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
<b>Recommendation</b>	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Bret Harte Middle School</u> to <u>Washington D.C. and Williamsburg, VA</u> for the period of <u>3/25/13</u> through <u>3/29/13</u> . <input type="checkbox"/> Ratification of Educational Organization Contract with _____
<b>Fiscal Impact</b>	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. 1213-0136

**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 March 25, 2013 through March 29, 2013 to Washington D.C and Williamsburg, VA.  
by \_\_\_\_\_

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: 20 students and 2 adults from Bret Harte Middle

Destination: Washington D.C. and Williamsburg, VA.

Departure Date: March 25, 2013

Return Date: March 29, 2013

Passed by the following vote:

AYES: Jody London, James Harris, Roseann Torres, Vice President Jumokey Hinton Hodge, President David Kakishiba

NOES: None

ABSTAINED: None

ABSENT: Gary Yee, Christopher Dobbins

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Governing Board of the Oakland Unified School District at a Regular Meeting held March 24, 2013.

By: *Edgar Rakestraw, Jr.*

Edgar Rakestraw, Jr.  
Secretary, Governing Board

Board Office Use:	<b>Legislative File Info.</b>
File ID Number	<u>13-0704</u>
Introduction Date	<u>04/24/2013</u>
Enactment Number	<u>13-0670</u>
Enactment Date	<u>04/24/2013</u>



RECEIVED  
2/14/13

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 (Arrange through <https://www.beaamendor.com/activities/mentorship/mentorship.html> or email [mentorship@beaamendor.com](mailto:mentorship@beaamendor.com) Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years and obtain TB clearance once every 4 years.)
- 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

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 Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn) Program (attach copy unless publicly owned and operated) <input type="checkbox"/> Board Approval Memo
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 <b>each</b> driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center Bret Harte Middle School Site Number 206

Destination	<u>Washington D.C. and Williamsburg VA</u>	
Address	<u>Worldstrides Tours 590 Peter Jefferson Pkwy. ste. 300, Charlottesville VA</u>	Phone <u>1-866-807-3921</u>

Date of Departure 3/25/13 Time of Departure \_\_\_\_\_ Place of Departure San Francisco Airport  
 Date of Return 3/29/2012 Time of Return: \_\_\_\_\_ Place of Return San Francisco Airport  
 Class(es) or Group Attending 8th Grade History Classes  
 Grade(s): 8th # of Students 20 # of Adults 2  
 Teacher Supervising Trip Keith D Brown Emergency Contact # during trip 510-886-8680  
 Supervising teacher's email address keith.brown@OUSD.k12.us.ca

Describe itinerary and activities	<u>"SEE ATTACHED ITINERARY"</u>
<input type="checkbox"/> Trip will include swim or water activities	



Names of Teachers and staff attending trip:	Teachers: Keith Brown and Chantell Parnell Staff.
Describe mode of transportation for each leg of the trip	Parents will provide transportation for Student to San Francisco Airport. Students will meet Teacher at United Airline ticket counter. See Itinerary for additional information
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.	Visiting Washington D C and Williamsburg VA will provide 8th grade students with hands on learning of American History align with state standards for 8th grade history requirement This will supplement students knowledge and provide readiness for CST History exam

**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



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

Site: Bret Harte Middle School  
 Teacher Supervising Trip Keith D Brown  
 Destination Washington D.C. and Williamsburg, VA  
 Trip Departure Date: 3/25/2013

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 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		✓		1/9/13
<b>Network Executive Officer</b> <input type="checkbox"/> Trip purpose, transportation and funding are appropriate <input type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		✓		
<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)		✓		2/6/2013

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				
<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		✓		3/6/2013
<b>Superintendent</b> <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Returns Request Form to Risk Management		✓		3/15/13





Tour Central DC:703-933-6143 Tour Central WB:757-253-0110

**Flight Information (DRAFT)**

Bret Harte Middle School 40468-5-L 1FF.  
84737 HD  
Keith Brown [32S+0A+0TC=32]

**Sightseeing Information (DRAFT)**

Course Leaders  
03/26  
03/27 28 29  
Total Count 32S + 0A + 0TC = 32  
PRT 10 30 12

**(DRAFT)Monday,  
March 25, 2013**

V In keeping with WorldStrides' commitment to safety and security for our participants, all itineraries are written to be Department of Transportation compliant and give drivers at least 9 hours off each night and a maximum of 15 hours on duty for drivers during any 24 hour period.

Approximate Arrival - arrival time may change due to driver location/traffic

7:00P

V Coach DEPART for Williamsburg

10:00P

V Coach DROP group at hotel for check-in

**(DRAFT)Tuesday,  
March 26, 2013**

7:30A

ä Hotel Breakfast

BAGS ON BUS

8:15A

" MEET Course Leader at hotel

8:30A

V Coach DEPART

9:00A

Historic Jamestowne Glassblowing - please bring your fee waiver letter on this self guided visit - (45 ppl)

9:30A

\*\*\*\*\* Jamestown Settlement Guided Tour - MUST BE ON TIME Meet guide at the Jamestown Settlement (Pending) - (45 ppl)

12:00P

ä \*\*\*\*\* College of William and Mary (Pending) - Must be on time. Courthouse Building (Corner of Ukrop Way and Brooks), Williamsburg, VA 23185(757) 221-2115

1:45P

\*\*\*\*\* Williamsburg Study Visit - MUST BE ON TIME Divide your schools into even groups of no more than 26 people (Pending) - (45 ppl)

\*\*\*\*\* Colonial Williamsburg 1 day Plus Tickets - this ticket enables holder to enter the GOVERNORS PALACE and all other buildings (Pending) - (45 ppl)

4:45P

" Course Leader DISMISSED

5:00P

ä \*\*\*\*\* Roceys Smokehouse Grill (Pending) - Must be on time 7207 Bypass Road Williamsburg, VA 23185(757) 253-8550

6:00P

\*\*\*\*\* Story teller (Pending) - (45 ppl)

7:00P

V Coach DEPART for Washington DC

10:00P

V Coach DROP group at hotel for check-in





8:45A	<p>" MEET Course Leader at Old Post Office (Pennsylvania Avenue Stop)          White House (picture stop) White House Visitor Center          Smithsonian Complex - Air &amp; Space Museum</p>
1:00P	<p>ä *****OPEN Reagan Int'l Trade Center (Building) (FIFTEEN) 300          Pennsylvania Avenue Washington, DC 20004 202 312 1552          The Holocaust Museum 100 Raul Wallenberg Place, SW Washington DC          #202 488 0400 (Must present confirmation letter for admission - Group approval          15th Street entrance - Please arrive 30 minutes early to enter track/water - 55          ppl) CorID# 42043</p>
3:00P	<p>" Course Leader DISMISSED at Metrolink          V Approximate Departure</p>

Confidential and proprietary information of WorldStride



# CERTIFICATE OF LIABILITY INSURANCE

DATE MM/DD/YYYY  
11/07/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S) AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA Inc Three James Center 1081 East Cary Street, Suite 900 Richmond, VA 23219  (878)7---2012  <b>INSURED</b> Lakeland Tours LLC 2701 W. Wood Street 2nd Floor Charlotte, NC 28202	<b>CONTACT NAME</b> PHONE (A/C, No. Ext) E-MAIL ADDRESS	<b>FAX</b> <b>A/C</b> <b>No.</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A</b> Staafast Insurance Company	NAIC # 26397
	<b>INSURER B</b> American Guaranty & Liability Ins Co	NAIC # 26247
	<b>INSURER C</b> North River Insurance Co	NAIC # 21115
	<b>INSURER D</b> Pennsylvania Manufacturers Association Ins Co	NAIC # 12262
	<b>INSURER E</b>	
	<b>INSURER F</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** CLE4034069411      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		EOL512976406	09/30/2012	09/30/2013	PERSONAL & ADV INDEMNITY 5 DAMAGE TO RENTED PREMISES (Contractors) 5 MEDICAL EXPENSES 5 PERSONAL & ADV INDEMNITY 5 GENERAL AGGREGATE 5 PRODUCTS/COMPOUND AGG 5
	A.1 COMMERCIAL GENERAL LIABILITY CLAIMS MADE & DEFENSE <input checked="" type="checkbox"/> Hir & Autos <input checked="" type="checkbox"/> Non-Owned Autos GEN AGGREGATE LIMIT (PERILS PER YEAR) <input checked="" type="checkbox"/> 10000000					
B	AUTOMOBILE LIABILITY		PRA9119455401	09/30/2012	09/30/2013	COMBINED SINGLE LIMIT (PERSONAL AUTO) BODILY INJURY (PERSONAL AUTO) MOBILITY (PERSONAL AUTO) PROPERTY DAMAGE (PERSONAL AUTO) HIRED AUTOS
	<input checked="" type="checkbox"/> ALL OWNED VEHICLES <input checked="" type="checkbox"/> NON-OWNED VEHICLES <input checked="" type="checkbox"/> EXCESS LIABILITY					
C	UMBRELLA LIAB		542-100001-1	09/30/2012	09/30/2013	EXCESS UMBRELLA 5 AGGREGATE 5
	<input checked="" type="checkbox"/> EXCESS LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE & DEFENSE					
D	WORKERS COMPENSATION AND EMPLOYERS LIABILITY		21123145-75-79-5	09/30/2012	09/30/2013	<input checked="" type="checkbox"/> ALL STATES WITH EMPLOYERS <input checked="" type="checkbox"/> ALL OTHER STATES
	<input checked="" type="checkbox"/> MANDATORY (N/A) <input checked="" type="checkbox"/> ALL OTHER STATES WITH EMPLOYERS <input checked="" type="checkbox"/> ALL OTHER STATES	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A				
A	Errors & Omissions		EOL512976418	09/30/2012	09/30/2013	E v h Claim Aggregate

DESCRIPTION OF OPERATIONS LOCATIONS VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
This Date: 01/25/2010 2:41:12 PM  
Proprietor: Lakeland Tours LLC  
File #/Ref: 5114827272  
Buyer: Marsh Middle Georgia Service Agency, Inc. (Insured) (Insured) (Insured)

<b>CERTIFICATE HOLDER</b>  Brith Hill Models Studio ATTN: Keith Brown 4780 Columbia Ave Oakland, CA 94612	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc Kathy L. Dawson <i>Kathy L. Dawson</i>
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AGENCY CUSTOMER ID: 337687

LOC #: Richmond



### ADDITIONAL REMARKS SCHEDULE

Page 1 of 2

AGENCY Main USA in		NAMED INSURED LAWRENCE TOLSON LLC 1000 AVENUE S 275 WEST WASHINGTON ST SUITE 400 CHARLOTTE, NC 28202	
POLICY NUMBER		EFFECTIVE DATE	
CARRIER	NAIC CODE		

#### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM.

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

None

- LAURENCE TOLSON LLC
- THE GRANT
- OFFICE BUILDING
- AVENUE S
- TRUST VBA
- VIACOM INC
- USING THE
- LAURENCE TOLSON LLC
- HILLARY E. CLINTON FOUNDATION LLC
- DBA HILLARY E. CLINTON FOUNDATION
- AMERICAN TRUST COMPANY
- BANK OF AMERICA
- SAVINGS
- CREDIT UNION
- FIRST STATE CREDIT UNION
- FIRST STATE CREDIT UNION
- BANK OF AMERICA
- WELLS FARGO BANK
- FIRST STATE CREDIT UNION
- NETC
- AMERICAN TRUST COMPANY
- CREDIT UNION
- LAURENCE TOLSON LLC
- VIACOM INC
- TRUST VBA
- ACORD

## Additional Insured - Automatic Status for Common Trip Sponsors, Venues and Clients



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End
EOL 5329376-08	09/30/12	09/30/13	09/30/12

### Named Insured and Address:

Lakeland Tours, LLC  
218 W. Water Street  
Charlottesville, VA 22901

### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the:

Travel Agents and Tour Operators Professional Liability Policy

#### A. Section III, PERSONS INSURED is amended to include as an Insured:

F. Any Common Trip Sponsor, Venue and Client the Named Insured is required to add as an additional Insured on this policy under a Standard Tour or Trip Contract.

#### B. The insurance provided to the additional Insured Common Trip Sponsor, Venue and Client applies only to Bodily Injury, Property Damage, Personal Injury, or negligent acts or negligent omissions covered under Section I. A. Coverages and the Defense of Suits seeking Damages on account of such Bodily Injury, Property Damage, Personal Injury, any negligent act or negligent omission under Section I. B. Defense with respect to the Travel Agency Operations of the Named Insured. However, regardless of the provisions of paragraph A. above:

1. The Company will not extend any insurance coverage to any additional Insured Common Trip Sponsor, Venue and Client:

- That is not provided to the Named Insured in this policy; or
- That is broader coverage than the Named Insured is required to provide to the additional Insured Common Trip Sponsor, Venue and Client in the Standard Tour or Trip Contract.

2. The Company will not provide Limits of Insurance to any additional Insured Common Trip Sponsor, Venue and Client that exceeds the lower of:

- The Limits of Insurance provided Named Insured in its policy; or
- The Limits of Insurance the Named Insured is required to provide in the Standard Tour or Trip Contract.

#### C. The insurance provided to the additional Insured Common Trip Sponsor, Venue and Client does not apply to Bodily Injury, Property Damage, Personal Injury, or any negligent act or negligent omission that results solely from the negligence of the additional Insured.

#### D. The additional Insured must see to it that:

- The Company is notified as soon as practicable of an Occurrence, a negligent act or negligent omission or an offense that may result in a Claim or Suit.
- The Company receives written notice of a Claim or Suit, as soon as practicable, and



**TO BE COMPLETED BY TEACHER**

School or Center: Bret Harte Middle School

Field Trip Location and Address: Washington D C and Williamsburg VA Worldstrides Tours 590 Peter Jefferson  
Blwy. ste. 300 Charlottesville VA

Date of Departure: 3/25/13 Time of Departure: \_\_\_\_\_ Place of Departure: San Francisco Airport

Date of Return: 3/29/13 Time of Return: \_\_\_\_\_ Place of Return: San Francisco Airport

Class or Group Attending: 8th Grade History Classes

Name(s) of classroom teacher(s): Keith D Brown and C Parnell

Teacher Supervising Trip: Keith D Brown Emergency Contact # during trip: 510-866-8280

<p><b>The field trip will involve the following:</b> (Describe activities and itinerary):</p> <p><input type="checkbox"/> Swim permission required below.)</p>	<p>"SEE ATTACHED ITINERARY"</p>
<p><b>Mode(s) of transportation:</b></p>	<p>Parents will provide transportation for Student to San Francisco Airport Students will meet Teacher at United Airline ticket counter See Itinerary for additional information</p>
<p><b>Student needs to bring:</b></p>	<p>Change of Uniform clothes for five days comfortable walking shoes and spending money for souvenirs</p>



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

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

**TO BE COMPLETED BY PARENT/GUARDIAN**

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

to participate in a field trip to: \_\_\_\_\_ Washington D.C and Williamsburg, VA \_\_\_\_\_ Date(s): 3/25/13 - 3/29/13

Emergency Contact Number(s) for Parent/Guardian: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

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

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 \_\_\_\_\_

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: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**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 \_\_\_\_\_ (click on the link to K 12 Plans).