

Board Office Use: Legislative File Info.	
File ID Number	15-0608
Introduction Date	4-22-15
Enactment Number	
Enactment Date	



OAKLAND UNIFIED
SCHOOL DISTRICT

Community Schools, Thriving Students

Memo

To Board of Education
From Antwan Wilson, Superintendent
Board Meeting 4-22-15
Subject Ratification of Educational Organization Contract

Action Requested	Ratification of Educational Organization Contract between Oakland Unified School District and <u>Naturalists at Large</u> for the period of <u>4/14/15</u> through <u>4/17/15</u> .
Background <i>A one paragraph explanation of why the contract services are needed.</i>	This Educational Organization Contract will cover Hillcrest School's field trip to Pinnacles National Park in California between April 14, 2015 and April 17, 2015.
Discussion <i>One paragraph summary of the scope of work</i>	The contract is with Naturalists at large, an educational organization located in Ventura, CA. The contract includes lodging, meals and trained leaders. The trip to Pinnacles National park is funded by parents, with parent-funded scholarships for students who need financial assistance.
Recommendation	Ratification of Educational Organization Contract between Oakland Unified School District and <u>Naturalists at Large</u> for the period of <u>4/14/15</u> through <u>4/17/15</u> .
Fiscal Impact	Amount of District funds to be used for contract costs will not exceed \$ <u>41,000</u> Funding source for the contract costs will be: <input type="checkbox"/> General Purpose <input type="checkbox"/> Restricted Funds <input checked="" type="checkbox"/> No District funds will be used Resource Code: _____
Attachments	Educational Organization Contract



OAKLAND UNIFIED SCHOOL DISTRICT

Board Office Use: Legislative File Info	
File ID Number	15-0668
Introduction Date	4-22-15
Enactment Number	
Enactment Date	

EDUCATIONAL ORGANIZATION CONTRACT

This Agreement is entered into between Naturalists at Large (CONTRACTOR) and Oakland Unified School District (OUSD). OUSD is authorized by Government Code Section 53060 to contract for the furnishing of special services and advice in financial, economic, accounting, engineering, legal, and administrative matters with persons specially trained, experienced, and competent to perform such services. CONTRACTOR warrants it is specially trained, experienced, and competent to provide such services. The parties agree as follows:

- Services:** CONTRACTOR shall provide services ("Services" or "Work") as described in **Exhibit "A" Educational Organization Compliance Form**, attached hereto and incorporated herein by reference.
- Terms:** CONTRACTOR shall commence work on 4/14/15. The work shall be completed no later than 4/17/15.
- Compensation:** OUSD agrees to pay CONTRACTOR for services satisfactorily rendered pursuant to this Agreement. The compensation under this Contract shall not exceed Dollars (41,000) per fiscal year. This sum shall be for full performance of this Agreement and includes all fees, costs, and expenses incurred by Contractor including, but not limited to, labor, materials, taxes, profit, overhead, travel, insurance, subcontractor costs, and other costs.

If CONTRACTOR will be compensated hourly for services provided under this Contract, CONTRACTOR shall describe in Exhibit "A," attached hereto, the specific scope of services to be delivered on an hourly basis to OUSD.

OUSD shall not be liable to CONTRACTOR for any costs or expenses paid or incurred by CONTRACTOR in performing services for OUSD, except as follows: _____.

Payment for Work shall be made for all undisputed amounts in monthly installment payments within forty-five (45) days after CONTRACTOR submits an invoice to OUSD for Work actually completed and after OUSD's written approval of the Work, or the portion of the Work for which payment is to be made.

The granting of any payment by OUSD, or the receipt thereof by CONTRACTOR, shall in no way lessen the liability of CONTRACTOR to correct unsatisfactory work, although the unsatisfactory character of that work may not have been apparent or detected at the time a payment was made. Work, which does not conform to the requirements of this Agreement, may be rejected by OUSD and in that case must be replaced by CONTRACTOR without delay.

- Equipment and Materials:** CONTRACTOR shall provide all equipment, materials, and supplies necessary for the performance of this Agreement *except*: Student personal items (See suggested equipment list). _____, which shall not exceed a total cost of _____.
- CONTRACTOR Qualifications / Performance of Services:**
 - CONTRACTOR Qualifications:** CONTRACTOR warrants it is specially trained, experienced, competent and fully licensed to provide the Services required by this Agreement in conformity with the laws and regulations of the State of California, the United States of America, and all local laws, ordinances and/or regulations, as they may apply.
 - Standard of Care:** CONTRACTOR warrants that CONTRACTOR has the qualifications and ability to perform the Services in a professional manner, without the advice, control, or supervision of OUSD. CONTRACTOR's services will be performed, findings obtained, reports and recommendations prepared in accordance with generally and currently accepted principles and practices of its profession for services to California school districts.
- Invoicing:** Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to OUSD. All amounts paid by OUSD shall be subject to audit by OUSD. Invoices shall include, but not be limited to: Contractor name, Contractor address, invoice date, invoice number, purchase order number, name of school or department service was provided to, period of service, name of the person performing the service, date service was rendered, brief description of services provided, number of hours of service, hourly rate, total payment requested.
- Notices:** All notices and invoices provided for under this Agreement shall be in writing and either personally delivered during normal business hours or sent by U.S. Mail (certified, return receipt requested) with postage prepaid to the other party at the address set forth below:

OUSD Representative:

Name: Lissa Hines
 Site /Dept.: Hillcrest School
 Address: 30 Marguerite Drive
Oakland, CA 94618
 Phone: 510.879.1270

CONTRACTOR:

Name: Michael Nesbitt
 Title: General Manager
 Address: P.O. Box 3517
Ventura, CA 93006
 Phone: 805.642.2692

Notice shall be effective when received if personally served or, if mailed, three days after mailing. Either party must give written notice of a change of address.

8. **Status of Contractor:** This is not an employment contract. CONTRACTOR, in the performance of this Agreement, shall be and act as an independent contractor. CONTRACTOR understands and agrees that it and all of its employees shall not be considered officers, employees, agents, partner, or joint venture of OUSD, and are not entitled to benefits of any kind or nature normally provided employees of OUSD and/or to which OUSD's employees are normally entitled, including, but not limited to, State Unemployment Compensation or Worker's Compensation. CONTRACTOR shall assume full responsibility for payment of all Federal, State, and local taxes or contributions, including unemployment insurance, social security and income taxes with respect to CONTRACTOR's employees. In the performance of the work herein contemplated, CONTRACTOR is an independent contractor or business entity, with the sole authority for controlling and directing the performance of the details of the work, OUSD being interested only in the results obtained.

9. **Insurance:**

Unless specifically waived by OUSD, the following insurance is required:

- i. If CONTRACTOR employs any person to perform work in connection with this Agreement, CONTRACTOR shall procure and maintain at all times during the performance of such work, Workers' Compensation Insurance in conformance with the laws of the State of California and Federal laws when applicable. Employers' Liability Insurance shall not be less than One Million Dollars (\$1,000,000) per accident or disease.

Check one of the boxes below:

☒ CONTRACTOR is aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of that code, and will comply with such provisions before commencing the performance of the Work of this Contract.

☐ CONTRACTOR does not employ anyone in the manner subject to the workers' compensation laws of California.

- ii. CONTRACTOR shall maintain Commercial General Liability insurance, including automobile, contractual, products and completed operations, corporal punishment and sexual misconduct and harassment coverage with limits of One Million Dollars (\$1,000,000) per occurrence for bodily injury and property damage. The coverage shall be primary as to OUSD and shall name OUSD, its officers, employees, volunteers and agents as an additional insured. Evidence of insurance must be attached. Endorsement of OUSD as an additional insured shall not affect OUSD's rights to any claim, demand, suit or judgment made, brought or recovered against CONTRACTOR. The policy shall protect CONTRACTOR and OUSD in the same manner as though each were separately issued. Nothing in said policy shall operate to increase the Insurer's liability as set forth in the policy beyond the amount or amounts shown or to which the Insurer would have been liable if only one interest were named as an insured.
- iii. If CONTRACTOR is offering OUSD professional advice under this Contract, CONTRACTOR shall maintain Errors and Omissions insurance or Professional Liability insurance with coverage limits of One Million Dollars (\$1,000,000) per claim.
10. **Child Abuse Reporting:** Comply with the Child Abuse and Neglect Reporting Act (CANRA) guidelines as Mandated Reporters to report suspicions of possible child abuse to the appropriate reporting agency as stated in California Penal Code § 11164 – 11174.
11. **Licenses and Permits:** CONTRACTOR shall obtain and keep in force all licenses, permits, and certificates necessary for the performance of this Agreement.
12. **Assignment:** The obligations of CONTRACTOR under this Agreement shall not be assigned by CONTRACTOR without the express prior written consent of OUSD.
13. **Non-Discrimination:** It is the policy of OUSD that in connection with all work performed under Contracts there be no discrimination because of race, color, ancestry, national origin, religious creed, physical disability, medical condition, marital status, sexual orientation, gender, or age; therefore, CONTRACTOR agrees to comply with applicable Federal and California laws including, but not limited to, the California Fair Employment and Housing Act beginning with Government Code Section 12900 and Labor Code Section 1735 and OUSD policy. In addition, CONTRACTOR agrees to require like compliance by all its subcontractor(s). CONTRACTOR shall not engage in unlawful discrimination in employment on the basis of actual or perceived; race, color, national origin, ancestry, religion, age, marital status, pregnancy, physical or mental disability, medical condition, veteran status, gender, sex or sexual orientation.
14. **Drug-Free / Smoke Free Policy:** No drugs, alcohol, and/or smoking are allowed at any time in any buildings and/or grounds on OUSD property or during field trips. No students, staff, visitors, CONTRACTORS, or subcontractors are to use controlled substances, alcohol or tobacco on these sites or during field trips.
15. **Indemnification:** CONTRACTOR agrees to hold harmless, indemnify, and defend OUSD and its officers, agents, and employees from any and all claims or losses accruing or resulting from injury, damage, or death of any person, firm, or corporation in connection with the performance of this Agreement. CONTRACTOR also agrees to hold harmless, indemnify, and defend OUSD and its elective board, officers, agents, and employees from any and all claims or losses incurred by any supplier, contractor, or subcontractor furnishing work, services, or materials to CONTRACTOR in connection with the performance of this Agreement. This provision survives termination of this Agreement.
16. **Waiver:** No delay or omission by either party in exercising any right under this Agreement shall operate as a waiver of that or any other right or prevent a similar subsequent act from constituting a violation of the Agreement.
17. **Termination:** OUSD may at any time terminate this Agreement upon written notice to CONTRACTOR. OUSD shall compensate CONTRACTOR for services satisfactorily provided through the date of termination. In addition, OUSD may terminate this Agreement

for cause should CONTRACTOR fail to perform any part of this Agreement. In the event of termination for cause, OUSD may secure the required services from another contractor. If the cost to OUSD exceeds the cost of providing the services pursuant to this Agreement, CONTRACTOR shall pay the additional cost.

18. **Fingerprinting of Employees and Agents:** The fingerprinting and criminal background investigation requirements of Education Code section 45125.1 apply to CONTRACTOR's services under this Agreement and CONTRACTOR certifies its compliance with these provisions as follows: "CONTRACTOR certifies that CONTRACTOR has complied with the fingerprinting and criminal background investigation requirements of Education Code section 45125.1 with respect to all CONTRACTOR's employees, subcontractors, agents, and subcontractors' employees or agents ("Employees") regardless of whether those Employees are paid or unpaid, concurrently employed by OUSD, or acting as independent contractors of CONTRACTOR, who may have contact with OUSD pupils in the course of providing services pursuant to the Agreement, and the California Department of Justice has determined that none of those Employees has been convicted of a felony, as that term is defined in Education Code section 45122.1. Contractor further certifies that it has received and reviewed fingerprint results for each of its Employees and Contractor has requested and reviews subsequent arrest records for all Employees who may come into contract with OUSD pupils in providing services to the District under this Agreement.

Contractor initial: MN

In the event that OUSD, in its sole discretion, at any time during the term of this contract, desires the removal of any CONTRACTOR related persons, employee, representative or agent from an OUSD school site and, or property, CONTRACTOR shall immediately, upon receiving notice from OUSD of such desire, cause the removal of such person or persons.

19. **No Rights in Third Parties:** This Agreement does not create any rights in, or inure to the benefit of, any third party except as expressly provided herein.
20. **OUSD's Evaluation of CONTRACTOR and CONTRACTOR's Employees and/or Subcontractors:** OUSD may evaluate CONTRACTOR's work in any way that OUSD is entitled to do so pursuant to applicable law. The OUSD's evaluation may include, without limitation:
- a. Requesting that OUSD employee(s) evaluate the CONTRACTOR and the CONTRACTOR's employees and subcontractors and each of their performance.
 - b. Announced and unannounced observance of CONTRACTOR, CONTRACTOR's employee(s), and/or subcontractor(s).
21. **Limitation of OUSD Liability:** Other than as provided in this Agreement, OUSD's financial obligations under this Agreement shall be limited to the payment of the compensation provided in this Agreement. Notwithstanding any other provision of this Agreement, in no event, shall OUSD be liable, regardless of whether any claim is based on contract or tort, for any special, consequential, indirect or incidental damages, including, but not limited to, lost profits or revenue, arising out of, or in connection with, this Agreement for the services performed in connection with this Agreement.
22. **Confidentiality:** CONTRACTOR and all CONTRACTOR's agents, personnel, employee(s), and/or subcontractor(s) shall maintain the confidentiality of all information received in the course of performing the Services. CONTRACTOR understands that student records are confidential and agrees to comply with all state and federal laws concerning the maintenance and disclosure of student records. This requirement to maintain confidentiality shall extend beyond the termination of this Agreement. Contractors will be permitted access to student data only where permissible under state and federal law and only after executing OUSD's Confidentiality Agreement Regarding Student Data.
23. **Conflict of Interest:** CONTRACTOR shall abide by and be subject to all applicable OUSD policies, regulations, statutes or other laws regarding conflict of interest. CONTRACTOR shall not hire any officer or employee of OUSD to perform any service by this Agreement. CONTRACTOR affirms to the best of his/her/its knowledge, there exists no actual or potential conflict of interest between CONTRACTOR's family, business or financial interest and the services provided under this Agreement, and in the event of change in either private interest or services under this Agreement, any question regarding possible conflict of interest which may arise as a result of such change will be brought to OUSD's attention in writing.
- Through its execution of this Agreement, CONTRACTOR acknowledges that it is familiar with the provisions of section 1090 *et seq.* and section 87100 *et seq.* of the Government Code of the State of California, and certifies that it does not know of any facts which constitute a violation of said provisions. In the event CONTRACTOR receives any information subsequent to execution of this Agreement which might constitute a violation of said provisions, CONTRACTOR agrees it shall notify OUSD in writing.
24. **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion:** CONTRACTOR certifies to the best of his/her/its knowledge and belief, that it and its principals: Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency according to Federal Acquisition Regulation Subpart 9.4, and by signing this contract, certifies that this vendor does not appear on the Excluded Parties List. (<https://www.epls.gov/eplsearch.do>)
25. **Litigation:** This Agreement shall be performed in Oakland, California and is governed by the laws of the State of California. The Alameda County Superior Court shall have jurisdiction over any state court litigation initiated to enforce or interpret this Agreement. If litigation is initiated, the prevailing party shall be entitled to reasonable attorney's fees and costs.
26. **Incorporation of Recitals and Exhibits:** The Recitals and each exhibit attached hereto are hereby incorporated herein by reference.
27. **Integration/Entire Agreement of Parties:** This Agreement constitutes the entire agreement between the Parties and supersedes all prior discussions, negotiations, and agreements, whether oral or written. This Agreement may be amended or modified only by a written instrument executed by both Parties.

Educational Organization Contract

28. **Counterparts:** This Agreement and all amendments and supplements to it may be executed in counterparts, and all counterparts together shall be construed as one document.
29. **Signature Authority:** Each party has the full power and authority to enter into and perform this Agreement, and the person signing this Agreement on behalf of each Party has been given the proper authority and empowered to enter into this Agreement.
30. **Contract Contingent on Governing Board Approval:** OUSD shall not be bound by the terms of this Agreement until it has been formally approved by OUSD's Governing Board, and no payment shall be owed or made to CONTRACTOR absent formal approval. This Agreement shall be deemed to be approved when it has been signed by the Board of Education, and/or the Superintendent as its designee.

OAKLAND UNIFIED SCHOOL DISTRICT

☐ President, Board of Education

☒ Superintendent or Designee

3/24/15
Date

CONTRACTOR

Contractor Signature

2/11/15
Date

Secretary, Board of Education

Date

Michael Nesbitt, General Manager

Print Name, Title

OAKLAND UNIFIED SCHOOL DISTRICT

Office of General Counsel

APPROVED FOR FORM & SUBSTANCE

By: [Signature]
[Signature]
[Signature]

EXHIBIT A
EDUCATIONAL ORGANIZATION COMPLIANCE FORM
(BUSINESS AND PROFESSIONS CODE SECTIONS 17552 ET SEQ.)

This Compliance Form must be completed by Educational Organization and attached to the executed Oakland Unified School District (hereafter "OUSD") Educational Organization Professional Services Contract which in turn will be routed for required District approvals and signatures.

School: Hillcrest School

Trip Dates: 4/14/15 - 4/17/15

Educational Organization Name (including trade or business name):
Naturalists at Large

Prior/Alternative Organization Trade or Business Name used within last 10 years:
None

Business Address: P.O. Box 3517, Ventura, CA 93006

Business Telephone: 805.642.2692

24 Hour Emergency Phone Number Contact: 805.642.2692

Organization's office nearest tour site: Ventura, CA.

Organization Representative and Contact Info: Michael Nesbitt, 805.642.2692, Ext. 19

List of Services and Costs:

An itemized statement of the services to be provided as part of the educational tour program and the agreed cost for the services is detailed items 1-2 below.

1. Total Cost per student for services listed below: \$406

2. Included services (complete or attach detailed form):

(a) Transportation: No

(b) Lodging: Yes

(c) Meals (what if any meals are included in cost): Yes-all. LUNCH 4/14 THROUGH LUNCH 4/17

(d) Is an Educational Leader provided? Yes: ☒ No: ☐ If yes, how many hours per day? _____

(e) Does Educational Organization maintain insurance which supplies coverage in the event of injury to any student traveler or chaperone? Yes: ☒ No: ☐

Is coverage included in Program Costs? Yes: ☒ No: ☐

If yes, attach evidence of coverage including type and amount of coverage, policy number and issuer, and the name, address and telephone number of the person or organization who is able to verify the coverage.

(f) List any additional or optional costs to students, chaperones or OUSD:
\$None \$None

(g) Describe the qualifications, if any, for experience, training and employment screening that are required to be met by the educational organization's representatives who shall accompany students on the educational program:

CPR, Wilderness First Aid, university degree or equivalent, prior experience working in the outdoors with children, 3 reference checks, Dept. of Justice Livescan background check, DMV check.

- (h) Describe the educational program to be provided including projected outcomes. Attach a copy of all materials to be provided to students.

Environmental and natural history education, hiking, camping, top rope rock climbing.

Educational Organization Information:

1. How many times has the Education Organization conducted this or substantially similar educational programs, and the number of students who have completed the program, etc. Complete all information in below table.

Trip Name	Annual Number of Groups	Annual Number of Students	Number of Years Offered	Number of Injuries to Participants (during last 5 years)	Number of Substantiated Complaints (during last 5 years)
Varied	160	8,000	25	Nothing sustained	0
				beyond original	
				medical service	

2. How long has this Educational Organization been arranging or conducting educational programs? _____
3. Name of each owner and principal of the Educational Organization:

Name

Position

Richard Stowell

President-Director

4. Has any owner or principal of the Educational Organization had entered against him or her any judgment, including a stipulated judgment, order, made a plea of nolo contendere, or been convicted of any criminal violation, in connection with the sale of any travel services or educational program in the last 10 years? Yes: ☐ No: ☒

For purposes of this section, "owner" means a person or organization who owns or controls 10 percent or more of the equity of, or otherwise has claim to 10 percent or more of the net income of, the Educational Organization; and "principal" means an owner, an officer of a corporation, a general partner of a partnership, or a sole proprietor of a sole proprietorship.

5. How many full time employees does the organization have? 8
6. How many office locations does the organization maintain? 1
7. Where are the office locations? Ventura, CA.
8. Does the organization provide classroom support materials? If so, describe.

Journals if requested.

9. Does the organization provide a format for post trip evaluation?

Yes

10. Are any of the principals of the organization credentialed and/or experienced teachers? Explain.

Some

11. Financial stability:

A. List bank(s), references, including names and contact numbers

Community West Bank, 805.650.1901

B. Dunn and Bradstreet file number: n/a

C. Has the organization or any principal filed corporate or personal bankruptcy during the preceding 10 years? If yes, please explain on a separate sheet. Yes: ☐ No: ☒

12. List schools (with phone numbers) or educators who have used the organization's services:

St. Paul's Episcopal 510.287.9600 Josh Stern, Head Royce 510.531.1300 Andrew Von Mayrhauser, Town School 415.921.3747
Rollin Warner

13. List any Travel Associations to which organization currently belongs:

14. List Educational Associations to which organization currently belongs:

AEE, Leave No Trace

15. Does organization currently hold an appointment from ARC? Yes: ☐ No: ☒ ARC/IATAN No. _____

If no, which agency will provide travel agency? Agency name: _____

Owner _____ ARC/IATAN No. _____

16. Has the organization complied with the consumer protection requirements of California's Seller of Travel law? Yes: ☐ No: ☐

VERIFICATION

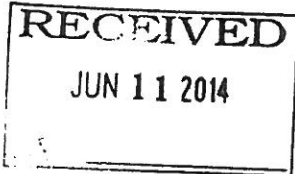
1. FULL DISCLOSURE: Business and Professions Code section 17555: In addition to other requirements and prohibitions of this article, it is a violation of this article for an educational travel organization to place or use any misleading or untruthful advertising or statements or make a substantial misrepresentation in conducting an educational travel program.
2. PENALTIES: Business and Professions Code section 17556.5: Except as otherwise provided, a person who violates a provision of this article is guilty of a misdemeanor, which offense is punishable by a fine not exceeding one thousand dollars (\$1,000), or by imprisonment in a county jail for not more than one year, or by both that fine and imprisonment. In addition, upon a conviction of a violation of this article, the court may issue an injunction and prohibit the convicted person from acting as an educational travel organization in the state, in which case the court shall inform the Attorney General of that action.
3. A duly authorized officer of the owning corporation, partnership, or trust must sign and date this verification, and fill in the city and state where signed. I declare under the laws of the State of California that all of the information provided herein, including attachments to this Contract, is true and correct.

Dated: 02/17/15

Print Name and Title of Signer: Michael Nesbitt, General Manager

Signature: 

Signed at: Ventura, CA (insert City and State)



NATURALISTS AT LARGE
P.O. Box 3517
Ventura, CA 93006
Phone: (805) 642-2692 Fax: (805) 642-2843

OUTDOOR EDUCATION PROGRAM CONTRACT

Hillcrest School

This contract lists both parties' responsibilities. Please review, complete, sign and return to Naturalists At Large immediately. The deposit due dates are noted below.

2015 Spring TRIP CODE 197.014

PROGRAM DATES 04/14-04/17

PROGRAM DAYS Tues. - Fri

SITE PINNACLES NAT'L PARK

GRADE 6-8

"TRAIL" GROUP SIZE 8-10

If your contract indicates your request for small group sizes, we will make every effort to honor this request. However, we cannot guarantee availability of staff. Our usual group size is 14, except for Pinnacles. Your fees will be reduced if a larger group size is required.

Initial NA

SUMMARY:

HEAD CHAPERONE/FACULTY: Sarah Holliman

(NAL will direct all trip information and questions to this person.)

Cell 510-508.0774 email sarahholliman@yahoo.com

Best time to reach you at the school n/a (parent)

ADMINISTRATOR: Lissa Hines

HOME PHONE: 510-541.8767 email lissahines@gmail.com

(Home phone numbers will only be used in an emergency.)

*Please use a separate sheet for multiple head chaperones

** Please see section "V. Costs" for student and faculty fee limitations and section "VI. Cancellation & Refund Policy". All deposits are due before your program starts

PER STUDENT FEE: <u>\$406.00</u>	1ST DEPOSIT DUE <u>06/27/14</u>
Minimum number of students at above fee: <u>80</u>	Your initial deposit reserves your site and dates and is non-refundable. Please send your signed contract with this deposit.
PER FACULTY CHAPERONE FEE <u>\$0.00</u>	2ND DEPOSIT DUE <u>11/14/14</u>
See contract limitations on maximum of 1000 faculty rates	3RD DEPOSIT DUE <u>04/03/15</u>
	ESTIMATED PARTICIPANT COST <u>\$37,352.00</u>

Please enter your anticipated participant count: Students 98 Faculty/Chaperones 13 or 14?

PLEASE MARK YOUR CALENDAR -- Your Final Participant Count is Due On: 04/04/2015

** Special options or transportation charges (e.g., Boat transportation, buses, special site options and T-Shirts, etc.) are not included in the above fees. These costs will be invoiced in addition to the "estimated participant cost." Initial: NA

NOTES AND OPTIONS:

- 1) Please follow our equipment list closely
- 2) School must obtain a "Fee Waiver" from this site in order to avoid fees for their buses or vehicles.
- 3) A shuttle van or bus is encouraged to shuttle students into park.
- 4) Program depends on availability of sites
- 5) If you intend to repeat this program next school year sites must be booked a year in advance. Please contact us accordingly for future programs.

ADDENDUM TO EDUCATIONAL ORGANIZATION CONTRACT PAGE 1 OF 4


OUTDOOR EDUCATION PROGRAM CONTRACT

(cont.)

I. Assumptions:

Naturalists At Large feels certain assumptions are a part of any outdoor or experiential program:

1. Outdoor experiences augment classroom activities.
2. Shared common experiences promote mutual support between faculty and students and foster better understanding.
3. Participation increases the student's sense of personal confidence.
4. Outdoor experiences develop familiarity and identification with the natural world.


Initial your agreement: 

II. Overview of your program and special provisions:

A program of camping at Pinnacles Campground on the east side of Pinnacles National Park. The camping trip is intended to provide your students and faculty with a shared experience from which to build class unity and spirit. The program will consist of establishing a camp, camp chores, an introduction to the natural history of the area, basic rock climbing techniques (an additional cost option), minimum impact wilderness travel techniques, group games and activities, evening activities (e.g. campfires, star talks, student presentations, and small group discussions).

Additional time in the Park for exploring or climbing is possible if the school provides a vehicle to be used to shuttle students from and to the campground. The walk from the campground to the Park headquarters is 1.5 miles.


Naturalists At Large supplies all group-shared equipment for this program, including tents, group kitchen, and all meals while at our base camp.

Initial your agreement: 

III. Naturalists At Large provides:

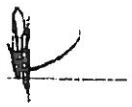
1. One instructor (instructors maintain a minimum of CPR and First Aid certification) for every "trail group" of participating students, but not to exceed the student-instructor ratio determined twenty-one (21) days prior to departure. If your student numbers decrease, your number of groups may decrease also. Please adjust the number of trail groups to reflect the actual number of students attending the program. Standard group size is 14. *Smaller group sizes may be requested at additional cost but cannot be guaranteed.*
2. A program of outdoor education at your selected site.
3. All shared group equipment as appropriate to the program.
4. Lodging or camping facilities appropriate to the program described above. Unless special arrangements have been made, we do not guarantee exclusive use of any site.
5. All meals while at the program site, unless other arrangements are made in writing.
6. Information packet to include equipment list, driving instructions.
7. A complete outdoor education program planned in conjunction with your school.
8. Secondary excess coverage accidental injury insurance, participant's insurance is primary, NAL's insurance covers excess expenses up to our limit. Participants should have their own medical accident insurance.
9. Naturalists At Large reserves the right to re-schedule or re-locate your program to a mutually acceptable site and/or date if local authorities or land managers deem that access to or use of the original site is unsafe or similar.

10. Naturalists At Large outdoor education programs are offered as a "package." There are no-refunds or credits if the school by and our control make it impossible to include a particular portion of a proposed outdoor education program.
11. An orientation information session for teachers, parents and or students upon request by the school.

Initial your agreement: 


IV. School agrees to:

1. Make every effort to see that the students are properly equipped for their outdoor program (see equipment list).
2. Appropriately and adequately supervise the students during the program. NAL expects there will be at least one adult chaperone for every "trail" group. Chaperones are expected to accompany students at all times during the program. Chaperones will follow the guidelines in the "Outdoor Education Handbook for School Chaperones" that will be sent to you in your information-planning packet.
3. Provide the transportation to and from the program site. Bring a school vehicle to use for non-emergency medical and disciplinary situations except at Catalina. A school vehicle provided for your program will help avoid an ambulance charge for minor medical transport. You may need to consider a rental car or the additional charge of a car rented by NAL.
4. Provide the Naturalists At Large "Participant Information & Medical Information" and signed "Acknowledgment of Risks and Assumption of Responsibility" forms for each participant. These forms become the property of Naturalists At Large.
5. Provide Naturalists At Large with the number of participants and group list ten days prior to the program.
6. Return all Naturalists At Large equipment used during the program in good working order. In the event that any Naturalists At Large or its vendors' facilities or equipment are damaged, destroyed (i.e. cost of repairs exceed value), or lost, the school agrees to pay for the cost of replacement or for the repair of equipment.
7. In view of NAL's alcohol policy, which prohibits the use of alcohol by our staff during all NAL programs and the expectation that anyone supervising children should not partake of alcohol, NAL expects all faculty and chaperones to abide by this policy. In addition, many of the sites NAL uses have no-alcohol policies by which we must abide. Anyone responsible for your students during a NAL program will be asked to refrain from using alcohol.

Initial your agreement: 

V. Cost:

1. Total student fees are based upon the minimum number of students indicated on the Contract Summary. Please contact NAL immediately if expected minimum number of students varies from the number indicated on the Contract Summary.
2. Faculty in excess of one per ten students will be charged the student rate.

Initial your agreement: 

VI. Cancellation & Refund Policy:


- Deposit is non-refundable, as it reserves your program dates.
- If you cancel the program less than thirty (30) days prior to program start date, all of your program fees are forfeited.

If the client decides to reschedule this program to another available Naturalists At Large time period or program site, for any reason, Naturalists At Large charges a fee equal to 25% of the total program fee. This fee covers lost deposits, additional instructors' compensation, forfeited perishable food, equipment rental, and our preparation time. **There are no refunds for early departure from the program.** If a school elects to leave a program for any reason other than the official closure of a site by local, state or national authority, all fees are forfeited.


Transportation disclaimer: Naturalists At Large makes program travel arrangements as a courtesy to our clients. We are unable to guarantee the timeliness of the carriers, which may be delayed for any number of reasons beyond Naturalists At Large's control, and we cannot take responsibility for any such schedule changes.

Individual student cancellations after ten (10) days prior to program start date and 24 hours before the program start date will be assessed a charge equal to 45% of the regular fee. Cancellations can be made by calling the Naturalists at Large office at least 24 hours prior to the program start date. Cancellations after that time are considered "no shows."

Cancellations made less than 24 hours before the program begins, or "no-shows" will be charged 100% of the program fee.


Initial your agreement: 

VII. Naturalists At Large will not be responsible for personal equipment and belongings.

Initial your agreement: 

VIII. Naturalists At Large has been providing outdoor education programs at various sites throughout the state of California for seven to nine thousand students a year since 1985. The principal owner/director is Richard Stowell. Owner/director has not had any judgment, including a stipulated judgment, order, plea of nolo contendere entered against him nor has he been convicted of any criminal violation in connection with the sale of any travel services for a period of 10 years predating this contract.

Naturalists At Large Signature

Authorized School Representative Signature 

Date:

Date: 



OAKLAND UNIFIED SCHOOL DISTRICT

OVERNIGHT FIELD TRIP/EXCURSION REQUEST WITHIN CALIFORNIA (including high risk activities)

RECEIVED
3/19/15

Basic Directions

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

1. Requests must be submitted to Regional Network Officer no later than **60 days** prior to departure
2. Use of Restricted Funds requires additional approval by State & Federal Compliance
3. Obtain Fingerprint and TB clearance (requirements per OUSD AR 1240) for all non-District employee chaperones. (Arrange through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/> or email volunteers@ousd.k12.ca.us. Continuing volunteer chaperones must be fingerprint cleared at least once every 3 years and obtain TB clearance once every 4 years.)
4. Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153
5. Check the Pre-Approved Vendor List for contract and insurance requirements
6. Overnight trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. However, when possible, please submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.

Required
Documents
for Request
Approval

- ☐ Copy of program/vendor information describing vendor and scheduled activities
- ☐ All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract
- ☐ Certificate of insurance from all private vendors:
Program (attach copy unless publicly owned and operated)
Facility (attach copy unless publicly owned and operated or commercial lodging e.g. Holiday Inn)

Required
Documents
for Trip
Approval

- ☐ "Checklist Prior to Trip Departure"
- ☐ List of students and adults attending trip
- ☐ "Declaration of Driver" and required attachments, completed by **each** driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Hillcrest School

Site Number: _____

Destination: Pinnacles National Park

Address: 5000 Highway 146, Paicines, CA 95043

Phone or Contact Info: Bill Vecchiarelli, Naturalists at Large, 805.642.2692

Departure - Date: 4/14/15 Time: 7:30 am Place of Departure: Temescal Park North Parking Lot

Return - Date: 4/17/15 Time: 5:00 pm Place of Return: Hillcrest School

Class(es)/Group Attending: Middle School

Grade(s): 6, 7 and 8 # of Students: 95 # of Adults: 13

Teacher Supervising Trip: Eileen Massey

Emergency Contact # During Trip: 510.508.0774 (Sarah Holliman, parent)

Supervising Teacher's Email Address: eilmassey@yahoo.com




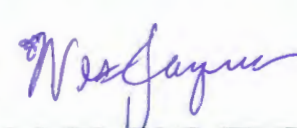

OAKLAND UNIFIED
SCHOOL DISTRICT



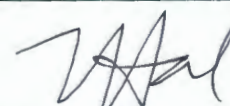
Site: Hillcrest School

Teacher Supervising Trip: Eileen Massey

Destination: Pinnacles National Park

Date of Departure: 4/14/15

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Trip aligns with grade level standards <input checked="" type="checkbox"/> Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate <input checked="" type="checkbox"/> Reviewed agreements/contracts with any facility, program or vendor (attach copies) <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		<input checked="" type="checkbox"/>		2.13.2015
Regional/Network Officer <input checked="" type="checkbox"/> Trip purpose, transportation, and funding are appropriate <input checked="" type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips		<input checked="" type="checkbox"/>		3/18/15
State/Federal Compliance (if restricted funds) <input type="checkbox"/> Compliant use of resources and in alignment with school site plan (SPSA)				
Risk Management <input checked="" type="checkbox"/> Business contracts, insurance, safety and policy compliance are sufficient <input checked="" type="checkbox"/> Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)		<input checked="" type="checkbox"/>		3/20/2015

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input checked="" type="checkbox"/> Forward the completed : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle		<input checked="" type="checkbox"/>		2.13.2015
Risk Management <input checked="" type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input checked="" type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent		<input checked="" type="checkbox"/>		3/20/2015
Superintendent <input type="checkbox"/> Approve/disapprove trip <input type="checkbox"/> Return Request Form to Risk Management		<input checked="" type="checkbox"/>		



OAKLAND UNIFIED SCHOOL DISTRICT

Site: Hillcrest School

Teacher Supervising Trip: Eileen Massey

Destination: Pinnacles National Park

Date of Departure: 4/14/15

Describe itinerary and activities: <input type="checkbox"/> Trip will include swim or water activities)	On Tuesday 4/14/15, the group will depart by bus for Pinnacles National Park. On the afternoon of the 14th, and all day the 15th-17th, students will take part in a program run by the Naturalists at Large organization. The program includes hiking, rock climbing, hands-on activities and group activities that emphasize each student's responsibility to the environment and the world around them. On Friday 4/17/15, students will return by bus to Oakland.
Names of teachers and staff attending trip:	Teachers: Eileen Massey, Noah Canton and Sabine Becker-Weimann Staff: Parent chaperones: Sarah Holliman, Linda Bornholdt, Linda Sawyer, Katrina Saba, Cathy Ward, John Marccone, Rob Rueca, Louis Lai, Brian Barlay & Pete Countryman
Describe mode of transportation for each leg of the trip: (For all personal vehicles, each person driving will need to complete a Declaration of Driver Form.)	Private coach for all students and most chaperones. Several "emergency vehicles" will also be driven by parent chaperones.
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:	The program emphasizes outdoor skills along with an introduction to the flora, fauna and environments surrounding Pinnacles National Park, an ancient volcano, allowing students to combine principles they have learned in Earth Science with team building and other activities for an incredible outdoor learning experience. Students discover the unique natural and human history of the area, develop group cooperation through shared experiences, enhance leadership abilities, and learn basic outdoor skills. The importance of state and national parks to all people and the sharing of impressions through group discussions and individual journal exercises are emphasized. All Naturalists at Large programs are intended to give the students a "sense of place". This is accomplished by introducing them to the natural and cultural history of the canyon and surrounding area while they explore the trails, study the various habitats, and live in the area for four days.

TRIP COSTS

TRANSPORTATION/CHARTER BUSES

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.

Bus Company: Charter Pros

of buses ordered: 2 Size of bus ordered: two (2) 55-seat coaches Wheelchair accessible needed? No

Cost of transportation: \$ 8,000 Source: ☐ General Funds ☐ Restricted Funds ☒ No District Funds

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



OAKLAND UNIFIED SCHOOL DISTRICT

Site: Hillcrest School

Teacher Supervising Trip: Eileen Massey

Destination: Pinnacles National Park

Date of Departure: 4/14/15

PROGRAM/ADMISSION COSTS

Total Cost of Program/Admission: \$ 49,986 Source: ☐ General Funds ☐ Restricted ☒ No District Funds

Cost per student: \$ 510 Cost per adult: \$ 0

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

HEALTH CONDITIONS/MEDICATION

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

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

Will any students need medications during the school day? Yes: ☒ No: ☐

Will any student need medications after school hours: Yes: ☒ No: ☐

If the answer to any of these questions is yes, please fax the attached Health Services Notification Form to 874-3748.

NUTRITION SERVICES

Because OUSD participates in the National School Lunch Program, school sites must provide lunches for Free and Reduced Price students while on field trips scheduled during regular lunch service.

Will students be off campus during the lunch? Yes: ☐ No: ☒

Will sack lunches be needed? Yes: ☐ No: ☒ Number of sack lunches needed? Students _____ Adults _____

If either question is yes, please fax the attached Nutrition Services Notification Form to 434-2259.

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 to ensure compliant use of resources and alignment with the Single Plan for Student Achievement (SPSA). List the relevant SPSA Tracking Numbers to indicate alignment.

SPSA Tracking #: _____

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



OAKLAND UNIFIED
SCHOOL DISTRICT

Site: Hillcrest School

Teacher Supervising Trip: Eileen Massey

Destination: Pinnacles National Park

Date of Departure: 4/14/15

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

- ☒ "OUSD Student Field Trip/Excursion Permission Slip" has been signed by parent(s)/guardian(s) of all student participants.
- ☒ "Chaperone Agreement" (found on the Student Permission Slip) signed by all non-employee adult chaperones.
- ☒ OUSD Fingerprint and TB clearance requirements per OUSD AR 1240 have been obtained for all non-District employee chaperones.
- ☒ No student has been prevented from making a trip due to lack of sufficient funds.
- ☒ Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153.
Meeting date: _____
- ☒ Health Conditions/Medication: Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- ☒ Supervision is by certificated personnel and assisted by other school employees, parent/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and trip leader are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, health information for students in their group and responding effectively in the event of emergency.
- ☒ Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- ☒ Sleeping arrangements and night supervision are safe and appropriate.
- ☒ Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- ☒ Confirm that: (1) 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.
- ☒ OUSD Declaration of Driver form completed and signed by driver and registered owners of any private vehicles used on trip and copy of proof of insurance and California driver's license are on file and secured at school site. The same forms may be used for multiple trips or for entire school year as long as insurance proof on file is updated. This requirement does not apply to licensed bus companies on the District's approved bus list or for public transportation entities, airlines or AMTRAK.
- ☐ ☐ Swim/Water Activities: OUSD "Procedures for Fields Trips including Swim or Water Activities" have been met.
- ☐ 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. Do not exclude students without insurance; however, contact Risk Management for instructions.
- ☒ Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



OAKLAND UNIFIED
SCHOOL DISTRICT

OVERNIGHT FIELD TRIP

HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: Hillcrest School

Site Number: #121

Destination: Pinnacles National Park

Departure - Date: 4/14/15 Time: 7:30 am

Temescal Park North Parking Lot

Return - Date: 4/17/15 Time: 5:00 pm

Hillcrest School

Class(es)/Group Attending: Middle School

Grade(s): 6, 7 and 8 # of Students: 95 # of Adults: 13

Teacher Supervising Trip: Eileen Massey

Supervising Teacher's Email Address: eilmassey@yahoo.com

HEALTH CONDITIONS/MEDICATION:

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

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

☐ Student has medication at school

Will any students need medications during the school day? Yes: ☒ No: ☐

Will any student need medications after school hours: Yes: ☒ No: ☐

If the answer to any of these questions is yes, please **fax this form to 874-3748**.

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



OAKLAND UNIFIED
SCHOOL DISTRICT

OVERNIGHT FIELD TRIP

NUTRITION SERVICES NOTIFICATION FORM

TRIP INFORMATION:

School or Center: Hillcrest School

Site Number: #127

Destination: Pinnacles National Park

Departure - Date: 4/14/15 Time: 7:30 am

Temescal Park North Parking Lot

Return - Date: 4/17/15 Time: 5:00 pm

Hillcrest School

Class(es)/Group Attending: Middle School

Grade(s): 6, 7 and 8 # of Students: 95 # of Adults: 13

Teacher Supervising Trip: Eileen Massey

Supervising Teacher's Email Address: eilmassey@yahoo.com

NUTRITION SERVICES:

Because OUSD participates in the National School Lunch Program, school sites must provide lunches for Free & Reduced price students while on field trips scheduled during regular lunch service.

To accommodate this need, Nutrition Services prepares sack lunches for field trips. These meals typically include sandwich, fruit, vegetable, milk, and juice. Due to Federal & State meal program regulations, milk must be taken on all field trips. The only exception is for students with Medical Statements on file.

Sack lunches should be ordered at least two (2) weeks in advance. We will try to accommodate later requests, but this can't be guaranteed. Arrangements for pick up should also be discussed with your cafeteria manager. We ask that Reduced price students purchase their sack lunches and Paid students are required to purchase their sacks lunches (\$2.25 for Elementary & \$3.00 for Middle & High School). Adults may also purchase sack lunches for \$3.50. Money for Paid students and Adults must be provided prior to pick up.

We suggest that students come to the cafeteria to pick up their lunches so that the cafeteria staff can complete the meal accountability paperwork. If this is not possible, the teacher in charge will be asked to do so and turn in the paperwork by the following day.

Will students be off campus during the lunch? Yes: ☐ No: ☒

Will sack lunches be needed? Yes: ☐ No: ☒ Number of sack lunches needed? Students _____ Adults _____

If either question is yes, please fax the attached Nutrition Services Notification Form to 434-2259.

Please fax this form to 434-2259.

For Nutrition Services Only:

Notification Form received by: _____ Date received: _____

Sack Lunch order completed by: _____

☐ Copy on file in Sack Lunch folder

☐ Copy packed with order



OAKLAND UNIFIED
SCHOOL DISTRICT

FIELD TRIP/EXCURSION INFORMATION
(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center: Hillcrest School

Destination: Pinnacles National Park

Address: 5000 Highway 146, Paicines, CA 95043

Departure - Date: 4/14/15 Time: 7:30 am Place of Departure: Temescal Park North Parking Lot

Return - Date: 4/17/15 Time: 5:00 pm Place of Return: Hillcrest School

Class/Group Attending: Middle School

Name(s) of Classroom Teacher(s): Eileen Massey, Noah Canton and Sabine Becker-Weimann

Teacher Supervising Trip: Eileen Massey

Emergency Contact # During Trip: 510.508.0774 (Sarah Holliman, parent)

The field trip will involve the following:
(Describe activities and itinerary):

☐ Swim/water activities permission required)

On Tuesday 4/14/15, the group will depart by bus for Pinnacles National Park. On the afternoon of the 14th, and all day the 15th-17th, students will take part in a program run by the Naturalists at Large organization. The program includes hiking, rock climbing, hands-on activities and group activities that emphasize each student's responsibility to the environment and the world around them. On Friday 4/17/15, students will return by bus to Oakland.

Mode(s) of transportation:

Private coach for all students and most chaperones. Several "emergency vehicles" will also be driven by parent chaperones.

Student needs to bring:



OAKLAND UNIFIED SCHOOL DISTRICT

STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION WITHIN CALIFORNIA (return completed form to School)

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

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for my daughter/son/ward _____

(Name of Student – please print)

to participate in a field trip on Date(s): _____ 4/14/15 _____ to _____ 4/17/15 _____

to: Pinnacles National Park _____

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

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

Student Health Conditions

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

Medications needed during the school day: _____

Medications needed after school hours: _____

Special Instructions: _____

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

Health Insurance Plan Name¹: _____ Subscriber/Policy No. _____

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

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

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

Date: _____ Parent or Guardian Signature: _____

Print Name: _____

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

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

CHAPERONE AGREEMENT: If agreement has been reached with the supervising teacher/coach and I chaperone students on this field trip/ excursion, I will comply with all District requirements pertaining to the chaperoning of students. For overnight trips, I understand that I must obtain fingerprint clearance prior to the trip.²

Date: _____ Signature: _____

Print Name: _____

Important Notice: California Law provides as follows: All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. (Education Code Section 35330).

¹ 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).

² Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/>. For questions email volunteers@ousd.k12.ca.us.



OAKLAND UNIFIED
SCHOOL DISTRICT

DECLARATION OF DRIVER

Driver Name: _____

School or Center: Hillcrest School

Teacher: _____ School Year: _____

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

1. That the driver is at least 21 years of age and holds a current valid California driver's license.
2. That the driver has not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.
3. That the vehicle described below is insured by _____ Insurance Company with policy limits of at least \$100,000 per individual and \$300,000 per occurrence for liability for bodily injury; and \$50,000 per occurrence for liability for property damage.
Policy No.: _____; Policy expiration date: _____.
4. That Oakland Unified School District may confirm the above by telephone or written communication to the insurance agent listed below:

Name of Insurance Agent

Telephone Number of Insurance Agent

Address of Insurance Agent

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

Year Make Model Passenger Capacity Vehicle License No.

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

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

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

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

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



**DRIVER INSTRUCTIONS
FIELD TRIPS OR EXCURSIONS**

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

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



Community Schools: Empowering Students

RISK MANAGEMENT DEPARTMENT

Certificate of Insurance Coverage Request Form

(Field Trip)

Request Date:	Site Name: Hillcrest School	
Site Contact Person: Eileen Massey eilmassey@yahoo.com	Telephone:	Fax:
Event Location Name: Pinnacles National Park		
Address: 5000 Highway 146, Paicines, CA 95043		
Event Contact Person Information Name: Sarah Holliman	Telephone: 510.508.0774	Fax:
Event Date and Time: Departing: 4/14/15 Returning: 4/17/15		
Brief Description of the Event: On Tuesday 4/14/15, the group will depart by bus for Pinnacles National Park. On the afternoon of the 14th, and all day the 15th-17th, students will take part in a program run by the Naturalists at Large organization. The program includes hiking, rock climbing, hands-on activities and group activities that emphasize each student's responsibility to the environment and the world around them. On Friday 4/17/15, students will return by bus to Oakland.		
Facility Insurance Requirements: (Please attach the written requirement provided by the Event Facility)		

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

Risk Management Department
Attn: Cynthia Grice
Email: cynthia.grice@ousd.k12.ca.us
Fax (510) 273-0445

CG 8/2012

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).

PRODUCER 51225 / Arthur J Gallagher & Co Ins Brokers of California Inc 505 N Brand Blvd. Suite 600 Glendale, CA 91203	CONTACT NAME: PHONE (A/C No, Ext): FAX (A/C No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC #
INSURED Naturalists At Large, Inc. P.O. Box 3517 Ventura, CA 93006	INSURER A: MARKEL INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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 THIS 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8502CY013354-20	12-01-2014	12-01-2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		<input type="checkbox"/>	<input type="checkbox"/>				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is included as additional insured for operations conducted by the named insured.

CERTIFICATE HOLDER

CANCELLATION

Hillcrest School c/o Jan Pucetti, Claims Manager OUSD Paul Robeson Administration 1025 Second Avenue, 4th Floor Oakland, CA 94606	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 Bruce A. Kay ELE 10
---	---

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:
COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):
Hillcrest School c/o Jan Pucetti, Claims Manager OUSD Paul Robeson Administration 1025 Second Avenue, 4th Floor Oakland, CA 94606

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II - Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III - Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.