

Board Office Use: Legislative File Info.	
File ID Number	12-1278
Introduction Date	5-23-12
Enactment Number	12-1437
Enactment Date	5-23-12 JS



OAKLAND UNIFIED
SCHOOL DISTRICT

expect Success

every student. every classroom. every day.

Memo

To Board of Education
From Anthony Smith, Superintendent
Board Meeting Date 5-23-12
Subject Approval of Request for Student Travel

Action Requested	<input checked="" type="checkbox"/> Approval of request for student travel of <u>Fremont-Media Academy</u> to <u>NAUDL National Championship - Washington DC</u> for the period of <u>4/11/2012</u> through <u>4/15/2012</u> . Grade(s): <u>12</u> # of Students: <u>2</u> # of Adults: <u>1</u> <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Educational Purpose of Trip	
Itinerary and activities	4/11/2012 - Departure from San Francisco International Airport 4/12/2012 - Arrival to Washington DC, 4/12/2012 - National Association of Urban Debate Leagues Annual Dinner, 4/13/2012 - The Great Space Debate (Smithsonian Air and Space Museum), 4/14/2012 & 4/15/2012 - Debates at Georgetown University 4/15/2012 - Departure to San Francisco International Airport
Teachers and Staff Attending Trip	Elizabeth Siarny
Site Administrator Affirms	<input checked="" type="checkbox"/> Parental permission forms will be on file for all students participating and school has emergency communication protocol <input checked="" type="checkbox"/> At least one OUSD employee accompanying the students is certificated <input checked="" type="checkbox"/> Non-OUSD chaperones, if any, will meet criminal background check requirements <input checked="" type="checkbox"/> There will be sufficient and appropriate chaperones for this field trip <input checked="" type="checkbox"/> School will address financial or accessibility issues that might prevent students from participating
Recommendation	<input type="checkbox"/> Approval of request for student travel of _____ to _____ for the period of _____ through _____. <input type="checkbox"/> Ratification of Educational Organization Contract with _____
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ _____ Funding source for the trip will be: <input type="checkbox"/> General funds <input type="checkbox"/> Restricted funds <input checked="" type="checkbox"/> No District funds will be used

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

Resolution No. 1112-0235

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 April 11, 2012 through April 15, 2012 to Washington, DC
by Media College Prep Academy (Fremont).

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: Media College Prep Academy (Fremont)

Destination: National Association of Urban Debate Leagues National Championship, Washington, DC

Departure Date: April 11, 2012 Return Date: April 15, 2012

Passed by the following vote:

AYES:

NAYS:

ABSTAINED:

ABSENT:

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 5/23/12.

By: Edgar Rakestraw, Jr.
Edgar Rakestraw, Jr.
Secretary, Governing Board

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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.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.)
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 checked="" type="checkbox"/> Copy of program/vendor information describing vendor and scheduled activities <input checked="" type="checkbox"/> All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contract <input checked="" 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 checked="" type="checkbox"/> Board Approval Memo
Required Documents for Trip Approval	<input checked="" type="checkbox"/> "Checklist Prior to Trip Departure" <input checked="" type="checkbox"/> List of students and adults attending trip <input type="checkbox"/> "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle

TRIP INFORMATION TO BE COMPLETED BY TEACHER:

School or Center: Fremont Media Academy Site Number: _____

Destination: National Association of Urban Debate Leagues National Championship
 Address: DoubleTree Hotel 801 New Hampshire NW - Wash, DC 20037 Phone: 202-785-2000

Date of Departure: April 11, 2012 Time of Departure: 11:55pm Place of Departure: SFO Airport
 Date of Return: April 15, 2012 Time of Return: 11:35pm Place of Return: SFO Airport

Class(es) or Group Attending: Debate Team

Grade(s): 12 # of Students: 2 # of Adults: 1

Teacher Supervising Trip: Elizabeth Siamy Emergency Contact # during trip: 773.865.1340

Supervising teacher's email address: esiamy@gmail.com

Describe itinerary and activities: <input type="checkbox"/> Trip will include swim or water activities)	4/11/2012 - Departure from San Francisco International Airport 4/12/2012 - Arrival to Washington DC 4/12/2012 - National Association of Urban Debate Leagues Annual Dinner 4/13/2012 - The Great Space Debate (Smithsonian Air and Space Museum) 4/14/2012 & 4/15/2012 - Debates at Georgetown University 4/15/2012 - Departure to San Francisco International Airport
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**OAKLAND UNIFIED
SCHOOL DISTRICT**

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

Names of Teachers and staff attending trip:	Teachers: Elizabeth Siamy Staff:
Describe mode of transportation for each leg of the trip:	Airplane Transportation - 4/11 & 4/15/2012 Public Transportation in DC - 4/12/2012 - 4/15/2012
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:	

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: FREMONT MEDIA ACADEMY
 Teacher Supervising Trip: _____
 Destination: _____
 Trip Departure Date: _____

APPROVAL OF REQUEST	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Trip aligns with grade level standards <input 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 type="checkbox"/> Organization(s) involved in the trip have expertise in operating student trips	<i>Daniel Hest</i>	✓		4/2/12
Network Executive Officer <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	<i>[Signature]</i>	✓		4/2/12
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)	<i>[Signature]</i>	✓		4/4/2012

APPROVAL OF TRIP	Signature	Check One		Date
		Approved	Denied	
Site Administrator <input type="checkbox"/> Forward the completed : (1) Checklist Prior to Trip Departure; (2) list of students and adults attending trip; (3) "Declaration of Driver" and required attachments, completed by each driver of private or rental vehicle	<i>Daniel Hest</i>	✓		4/2/12
Risk Management <input checked="" type="checkbox"/> Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver <input type="checkbox"/> Notify Site of Trip Approval once approved by Superintendent	<i>[Signature]</i>	✓		4/4/2012
Superintendent <input type="checkbox"/> Approve/disapprove trip <input checked="" type="checkbox"/> Returns Request Form to Risk Management	<i>[Signature]</i>	✓		



OUT OF STATE FIELD TRIP/EXCURSION REQUEST

Site: _____

Teacher Supervising Trip: _____

Destination: _____

Trip Departure Date: _____

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

- OSD Student Field Trip/Excursion Permission Slip signed by parent(s)/guardian(s) of all student participants.
Adult Participant Field Trip/Excursion Chaperone Agreement signed by all non-District employee chaperones.
OSD Fingerprint and TB clearance requirements per OSD AR 1240 have been obtained for all non-District employee chaperones.
No student has been prevented from making a trip due to lack of sufficient funds.
No District funds will be used to pay for pupil expenses on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OSD Board of Education and the State Board of Education.
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 OSD AR 6153.
Health Conditions/Medication: Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made.
Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old.
Adult to Student Ratio is at least 1:10 as required by OSD BP 6153.
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).
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.
OSD 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.
Water Activities: OSD 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.
Site and trip leader has a list of students and adults attending trip.

TRIP APPROVAL IS CONDITIONED ON COMPLETION OF THIS CHECKLIST



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 Gen. (Ret.) Wesley K. Clark
 Wilke F. Galy
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 Penny Pritzker
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**2012 Urban Debate National Championship
 Schedule of Events – NOT FINAL, PLANNING THROUGH 3/12/12
 Washington, D.C.**

THURSDAY, APRIL 12, 2012

- 6 PM Cocktail Reception – Four Seasons Hotel – Washington, D.C.
- 7 PM Dinner – Four Seasons Hotel – Washington, D.C.

FRIDAY, APRIL 13, 2012

- 10:15 AM The Great Space Debate – National Air and Space Museum
- 11:30 AM Career Panel with Staff Scientists from National Air & Space Museum (Debaters/Coaches)
- 12:15 PM Lunch at National Air & Space Museum (Debaters/Coaches)
- 1 PM Tour of National Air & Space Museum (Debaters/Coaches)
- 1 - 5 PM Powerful Boards, Purposeful Fundraising (NAUDL Board and Staff/League Boards and Staff) -- Jenner & Block LLP, 1099 New York Avenue, N.W., Suite 900

SATURDAY, APRIL 14, 2012

- 7:45 AM – 8 AM Opening Assembly
- 8 AM – 10 AM Round One (preset)
- 10 AM – 12 PM Round Two (preset)
- Coach's Conference – Session 1
- 12 PM – 1 PM Lunch - Debaters
- 12 PM League Directors Lunch with Linda Listrom – Seasons Restaurant, Four Seasons Hotel
- 1 PM – 3 PM Round Three (preset)
- Coach's Conference – Session 2

3PM – 5 PM

Round Four (paired, high-low within brackets)

Coach's Conference – Session 3

5 – 7 PM

Round Five (paired, high-low within brackets)

SUNDAY, APRIL 15, 2012

8:15 AM

Elimination Rounds Announced

8:30 AM – 10:30 AM

Octo Finals

10:30 AM – 12:30 PM

Quarter Finals

12:30 PM

Awards and Lunch

1 PM – 3 PM

Semi Finals

3 PM – 5 PM

Finals



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/12/2012

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 Lambent Risk Management Services, Inc One North LaSalle Street 35th Floor Chicago IL 60602	CONTACT NAME: Denise Davidson	
	PHONE (A/C No. Ext): (312) 220-9200	FAX (A/C No.): (312) 220-0117
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Mount Vernon Fire Insurance Co.		26522
INSURER B: Federal Insurance Company		00388
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL1231203310 **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			NPP2550922B	2/1/2012	2/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Directors & Officers			82215338	1/1/2012	1/1/2013	Limit of Liability \$1,000,000

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

CERTIFICATE HOLDER Evidence of Coverage	CANCELLATION 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 S Evans-Wofford/DENIS <i>Denise Evans-Wofford</i>



BAY AREA URBAN DEBATE LEAGUE

285 17th St • Oakland, California 94612
www.baudl.org • 510.517.0069 • info@audl.org

2012 NAUDL National Championship Bay Area Urban Debate League - OUSD Participant List

Students

Kimberly Mejia-Cuellar (Fremont-Media Academy)

Gloria Mejia-Cuellar (Fremont-Media Academy)

Adults

Elizabeth Siarny (Teacher, Fremont-Media Academy)

Perry W. Green, III (Program Director, Bay Area Urban Debate League)



OAKLAND UNIFIED
SCHOOL DISTRICT

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

TO BE COMPLETED BY CHAPERONE

I, Perry William Green, III, have read and understand the trip information materials and hereby agree to
(Name of Adult)
participate in the field trip or excursion on April 11 through April 15 to
2012 National Association of Urban Debate League National Championships (Washington DC)
(Destination)

1. **I understand** that my participation in this field trip/excursion is voluntary, but having agreed I will follow instructions provided by supervising teacher/coach and I will comply with all District requirements pertaining to the chaperoning of students. I understand that I must undergo a criminal background clearance.¹

2. **I understand** that no insurance is provided by the Oakland Unified School District for this field trip/ excursion.

Swim Participation – If swimming is a part of the field trip, do you agree to participate in swimming activities as needed? Yes No

My swimming ability is (check one): I do not swim Beginner Intermediate Advanced

Authorization to treat: I hereby give permission to the School staff to secure proper treatment for me.

Notice of Waiver of All Claims: I hereby knowingly waive all of my claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion. (Education Code Section 35330)

Adult Participant Phone Numbers: Cell: 773-220-7916 Home: n/a Work: 510.575.9131

Emergency Contact Person: Dmitri Seals

Emergency Contact Numbers: 1. 510.510.0069 2. _____ 3. _____

Adult Participant's Critical Medical Needs/Medications/Allergies/Conditions: none

Health Insurance Plan Name: Kaiser Subscriber/Policy No. 14210780

Date: March 19, 2012 Adult Participant Signature: 

Print Name: Perry William Green, III

¹ Fingerprinting can be arranged through <https://www.beamentor.org/Linkpages/mentorasp/SpecialProjects/OUSD/>. For questions, email volunteers@ousd.k12.ca.us.



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 Gloria Mejia-Cuellar
(Name of Student - please print)

to participate in a field trip to: NAUDL National Championships - Washington DC Date(s): 4/11-15/12

Emergency Contact Number(s) for Parent/Guardian: 1. (510) 434-7421 2. (510) 533-6060 3. _____

Alternate Emergency Contact Name: Ermelinda Hernandez Phone Number(s): (510) 532-8960

Student's Critical Medical Needs/Medications/Allergies/Conditions: Pollen, dust

Health Insurance Plan Name¹: Kaiser 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: 04-02-2012 Parent or Guardian Signature: Maria Mejia

Print Name: Maria Mejia

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.

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).



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 Kimberly S. Mejia-Cellar
(Name of Student - please print)

to participate in a field trip to: NAUDL National Championships - Washington DC Date(s): 4/11-15/12

Emergency Contact Number(s) for Parent/Guardian: 1. (510) 434-1421 2. (510) 533-6000 3. (510)

Alternate Emergency Contact Name: Ermelinda Hernandez Phone Number(s): (510) 532-8960

Student's Critical Medical Needs/Medications/Allergies/Conditions: Pollen, dust

Health Insurance Plan Name: Kaiser 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: 04-02-2012 Parent or Guardian Signature: Maria Mejia

Print Name: Maria Mejia

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.

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).