Board Office Use: Le	gislative File Info.
File ID Number	15-0483
Introduction Date	3-25-15
Enactment Number	15-5387
Enactment Date	3/25/00



Memo

Subject	Approval of Request for Student Travel
Cubicat	
Meeting Date	3/25/11
From	Antwan Wilson, Superintendent
То	Board of Education

Action Requested	Approval of Board Resolution authorizing student travel by school site Frick Middle School
	to Washington D.C.
	for the period of04/05/2015 through04/08/2015
Itinerary and activities	DAY 1 - Arrive in Washington, DC Essentials of Democracy Workshop, DAY 2 - FOR and Jefferson Memorial study visits, Explore the U.S. Capitol Visitor Center and Museum; Visit the Supreme Court and Library of Congress; Korean War, Vietnam War; Mock Congress Workshop; Social Activity, DAY 3 - WWII Memorial study visit; MLK Memorial study visit; Smithsonian Air and Space Museum study visit; White House Photo-Op; Arlington National Cemetery Tomb of the Unknown Soldier; DC's Signature Night Monument Tour; Examining Citizenship Workshop , DAY 4 - Citizenship Send-Off Workshop; National Archives Study Visit; Smithsonian American History Museum Exploration; Depart for Home
Educational Purpose of Trip	Students will gain a greater understanding of our government and the legislative system. Students will get the opportunity to visit places they would otherwise only see in books. Students will develop a better understanding of what citizenship is. Upon return, students will complete multi-media presentations to be shared with the school community. Frick is making a transition to project-based learning and this will provide them with valuable schema that will help them demonstrate mastery of the content through their projects.
Teachers Attending Trip	Christina Anderson, Tyjun Mack, Sharon Gray
Site Administrator Affirms	 Parental permission forms will be on file for all students participating and school has emergency communication protocol There will be sufficient and appropriate chaperones for this field trip (including at least one OUSD certificated employee and non-OUSD chaperones, if any, will meet criminal background check requirements) School will address financial or accessibility issues that might prevent students from participating
Recommendation	Approval of Board Resolution authorizing student travel described above.
Fiscal Impact	Amount of District funds to be used for trip costs will be \$ 56,394.30
	Funding source for the trip will be: □ General Purpose ✓ Restricted Funds □ No District funds will be used Resource Code: 7400 - 0101

www.ousd.k12.ca.us

RESOLUTION OF THE BOARD OF EDUCATION OF THE OAKLAND UNIFIED SCHOOL DISTRICT Resolution No. 1415-1092

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

WHEREAS, the Board of Education believes that field trips and other travel opportunities for students are a valuable tool in supporting classroom instruction and promoting students' awareness of places and events.

WHEREAS, Board Policy 6143 requires the Board of Education of the Oakland Unified School District to approve all trips involving out-of-state and out of country travel; and

WHEREAS, pursuant to Board Policy 6143, Superintendent requests the Board of Education to approve the Request for Student Travel to Washington D.C., on April 5, 2015 through April 8, 2015 by Frick Middle School students.

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

Request for student travel for 30 students and 5 adults from Frick Middle School to travel to Washington, D.C., for students to gain a greater understanding of our government and the legislative system, get the opportunity to visit places they would otherwise only see in books, and develop a better understanding of what citizenship is, for the period of April 5, 2015 through April 8, 2015.

Passed by the following vote:

- AYES: Roseann Torres, Nina Senn, Shanthi Gonzales, Jumoke Hinton Hodge, Vice President Jody London, President James Harris
- NAYS: None
- ABSTAINED: Aimee Eng
- ABSENT: None

I hereby certify that the foregoing is a full, true and correct copy of a Resolution adopted by the Board of Education of the Oakland Unified School District at a Regular Meeting held March 25, 2015.

By:

Antwan Smith Secretary, Board of Education





OUT-OF-STATE FIELD TRIP/EXCURSION REQUEST

FEB		0	
	1	0	2015

Basic Directions HIGH SCHOOL NETWORK
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.
 Requests must be submitted to Regional/Network Officer no later than 120 days prior to departure Board approval is required for all out of state trips. Return Health Services Notification Form to the School Nurse or Health Services at the time you are requesting approval for a field trip Use of Restricted Funds requires additional approval by State & Federal Compliance 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.) Generally 1:10 Adult to Student ratio is required as provided in OUSD Board Policy 6153 Check the Pre-Approved Vendor List for contract and insurance requirements Out-of-state trips have a bifurcated approval system (1) to approve the request and (2) to approve the trip since not all information for the trip approval may available by the deadline for the request. When possible, submit the required documents for the trip approval along with the initial trip request to make the full approval process faster.
Required Copy of program/vendor information describing vendor and scheduled activities Documents All facility, program or vendor agreements/contracts, including OUSD Educational Organization Contracts for Request 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) Board Approval Board Approval Memo and Board Resolution
Required ^C Checklist Prior to Trip Departure" Documents ^L List of students and adults attending trip for Trip ^C 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: F	Site Number: 0101			
	nington D.C. ot assigned as of y Info: _Phoebe Hun			
Departure - Date:	04/05/2015	Time: <u>12:00 a.m.</u>	Place of Departure:	SFO
Return - Date:	04/08/2015	Time: 9:00 p.m.	Place of Return:	SFO
Class(es)/Group Att	ending: Frick Mide	le School Students		
Grade(s): _	6th - 8th # of	Students: 30	# of Adults: 5	
Teacher Supervisin	g Trip: Christina A	nderson		
Emergency Contact	t # During Trip: Ch	ristina Anderson (510)	543-4996; Jeffrey Taylor (51	0) 910-6500
Supervising Teache	er's Email Address:	christina.anderson@	ousd.k12.ca.us	



OAKLAND UNIFIED SCHOOL DISTRICT Site: Frick Middle School Teacher Supervising Trip: Christina Anderson Destination: Washington D.C. Date of Departure: 04/05/2015

Describe itinerary and activities: (Trip will include swim or water activities)	DAY 1 - Arrive in Washington, DC Essentials of Democracy Workshop, DAY 2 - FOR and Jefferson Memorial study visits, Explore the U.S. Capitol Visitor Center and Museum; Visit the Supreme Court and Library of Congress; Korean War, Vietnam War; Mock Congress Workshop; Social Activity, DAY 3 - WWII Memorial study visit; MLK Memorial study visit; Smithsonian Air and Space Museum study visit; White House Photo-Op; Arlington National Cemetery Tomb of the Unknown Soldier; DC's Signature Night Monument Tour; Examining Citizenship Workshop, DAY 4 - Citizenship Send-Off Workshop; National Archives Study Visit; Smithsonian American History Museum Exploration; Depart for Home
Names of teachers and staff attending trip:	Teachers: Christina Anderson, Tyjun Mack, Sharon Gray Staff: Jeffrey Taylor, Gabriela Tapia
Describe mode of transportation for each leg of the trip:	Students will be dropped off at SFO by their parents/guardians. We will then catch a plane to Washington D.C. where we will be met by a charter bus that will take us to our hotel. Close Up provides a charter bus for us while in Washington D.C. during the trip, we will travel by private charter. Our return trip will reverse the aforementioned process.
Describe educational purpose of trip, including how it aligns with grade level standards, supports the teaching and learning and/or parent ed/training component of site plan, including related activities prior to trip and student follow-up activities that will occur after the field trip/excursion:	Students will gain a greater understanding of our government and the legislative system. Students will get the opportunity to visit places they would otherwise only see in books. Students will develop a better understanding of what citizenship is. Upon return, students will complete multi-media presentations to be shared with the school community. Frick is making a transition to project-based learning and this will provide them with valuable schema that will help them demonstrate mastery of the content through their projects.

TRIP COSTS

District funds may be used to pay transportation costs for out of state trips or direct educational program costs. Transportation costs include airfare, bus fare, car fare, etc. related to transportation to/from the out-of-state destination and the transportation costs for the school sponsored activities during the trip. Direct educational program costs include admission fees for visits which are part of the program (e.g. museum).

District funds may NOT be used to pay for non-travel pupil expenses for out of state trips. Non-travel pupil expenses include meals, sundries, lodging, etc.

If you want to use District funds to pay for non-travel pupil expenses on an out of state trip, you must first obtain approval for a waiver of Education Code 35330 from the OUSD Board of Education and the State Board of Education.

Amount of District funds to be used for	or trip costs will be \$_	56,	394.30	
Funding source for the trip will be:	General Funds	General Funds		No District funds will be used
	Resource #: _	7400	0101	

Overnight Field Trip/Excursion Request Form

Page 2 of 5

Legal Rev.3/12/14

Site to keep all field trip records (permission forms, declaration of drivers, etc) for 2 school years following trip completion.



Site: Frick Middle School
Teacher Supervising Trip: Christina Anderson
Destination: Washington D.C.
Date of Departure: 04/05/2015

PROGRAM/ADMISSION COSTS

Cost per student: \$ 992.00 Cost per adult: \$ 1,342.00

Org. Key	Object #	Resource #	Amount	Req #	PO #
7400	5829	0101	29,969.30		P1506177
	5829				

TRANSPORTATION/CHARTER BUSES

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

Bus Company:___

of buses ordered: 1 Size of bus ordered: 45 passenger Wheelchair accessible needed? no

Cost of transportation: \$ 26,425 Source: General Funds 🔀 Restricted Funds 🗌 No District Funds

Org. Key	Object #	Resource #	Amount	Reg #	PO #
7400	5826	0101	\$26,425		P150 6177
······································	5826				

HEALTH CONDITIONS/MEDICATION

Will there be any students	s participating in the fi	eld trip with the following	g conditions?	Yes: 🕅	No:
----------------------------	---------------------------	-----------------------------	---------------	--------	-----

Severe Allergy	Student has an Epi-pen at school	
Asthma	Student has an inhaler at school	
Diabetes	Student has medication at school	
Seizures	Student has medication at school	
Sickle Cell Anemia	Student has medication at school	
Other condition(s):		Student has medication at school
Will any students need	medications during the trip? Yes: 🔲 No: 🛛	

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

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 #: SQR Improvement Priorities

- 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.

 Overnight Field Trip/Excursion Request Form
 Page 3 of 5
 Legal Rev.3/12/14

 Site to keep all field trip records (permission forms, declaration of drivers, etc) for 2 school years following trip completion.
 Legal Rev.3/12/14



OAKLAND UNIFIED SCHOOL DISTRICT

Site: Frick Middle School

Teacher Supervising Trip: Christina Anderson Destination: Washington D.C. Date of Departure: 04/05/2015

	C'anatana	Check One		Date
APPROVAL OF REQUEST	Signature	Approved	Denied	
Site Administrator Trip aligns with grade level standards Trip purpose, supervision plan, transportation, safety parameters and funding are appropriate Reviewed agreements/contracts with any facility, program or vendor (attach copies) Organization(s) involved in the trip have expertise in operating student trips	Jofficianta	~		
Regional/Network Officer Trip purpose, transportation, and funding are appropriate Organization(s) involved in the trip have expertise in operating student trips	Carl			2/2/0
State/Federal Compliance (if restricted funds) Compliant use of resources and in alignment with school site plan (SPSA)	J L			
Risk Management Business contracts, insurance, safety and policy compliance are sufficient Notify Site of conditional approval of Request pending receipt of the completed Checklist Prior to Trip Departure (and attachments)	h	V		2/25/2015

ADDDOVAL OF TRID	Simulture	Check One		Date
APPROVAL OF TRIP	Signature	Approved	Denied	Date
Site Administrator 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	JAG Jah	~		
Risk Management) Confirm receipt of completed Checklist, list of students/adults, and Declarations of Driver Notify Site of Trip Approval once approved by Superintendent		V		2/25/201
Superintendent Approve/disapprove trip Returns Request Form to Risk Management	Afre	/		

Overnight Field Trip/Excursion Request Form Page 4 of 5 Site to keep all field trip records (permission forms, declaration of drivers, etc) for 2 school years following trip completion.

Legal Rev.3/12/14



Site: Frick Middle School Teacher Supervising Trip: Christina Anderson Destination: Washington D.C. Date of Departure: 04/05/2015

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.
- "Adult Participant Field Trip/Excursion Chaperone Agreement" signed by all non-District employee 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.
- No District funds will be used to pay for "pupil expenses" on out of state trips unless waiver of Education Code 35330(b)(3) is granted by OUSD Board of Education and the State Board of Education. Pupil expenses include meals, sundries, lodging, etc. (District funds may be used to pay transportation costs or direct educational program costs.)
- Meeting held for staff, noncertificated adults, parent(s)/guardian(s) and students in advance of trip to discuss trip and safety related procedures, itinerary and questions as required by OUSD AR 6153. Meeting date:
- Health Conditions/Medication: School nurse or Health Services has been consulted at least two weeks prior to any field trip. Trip participant health information has been gathered and reviewed and any needed revisions to supervision plan made, including making sure that chaperones understand relevant information (e.g., food allergies). A plan has been developed by a school nurse to collect, secure, and dispense prescription medications from their original containers and consistent with physician's instructions. (See OUSD AR 5141.21)
- Supervision is by certificated personnel and assisted by other school employees, parent(s)/guardian(s), or other authorized chaperones who are at least 21 years old. Site Administrator and Teacher/lead trip staff are satisfied all chaperones are willing and able to perform required duties, including understanding and implementing instructions, understanding health information for students in their group and responding effectively in the event of an emergency.
- Adult to Student Ratio is at least 1:10 as required by OUSD BP 6153 (or higher if high risk activities).
- Sleeping arrangements and night supervision are safe and appropriate.
- Safety requirements have been met (e.g., first aid kits, emergency contact and health info, instructions for chaperones, cell phones). At least one adult has current First Aid/CPR training.
- Confirm that: (1) 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



TOID INCODMATION.

OUT OF STATE FIELD TRIP

HEALTH SERVICES NOTIFICATION FORM

TRIP INFORMATIO	IN.					
School or Center: F	rick Middle Schoo					Site Number: 0101
Destination: Washin	gton D.C.					
Departure - Date: _	04/05/2015	_ Time: _	12:00 a.m.	-		SFO
Return - Date:	04/08/2015	_ Time: _	9:00 p.m.	_		SFO
Class(es)/Group Att	ending: Frick Mid	dle Schoo	ol Students			
Grade(s): _	6th - 8th # o	f Students	: 30	# of Adults:	5	
Teacher Supervising	g Trip: Christina	Anderson				
Supervising Teache	r's Email Address	: christin	a.anderson@	ousd.k12.ca.us		
HEALTH CONDITIO	ONS/MEDICATIO	N:				
Will there be any st	udents participati	ng in the fi	ield trip with t	ne following con	ditions?	Yes: 🖾 No: 🗌
 Severe Allergy Asthma Diabetes Selzures Sickle Cell Anem Other condition(Student ha	s an inhal s medicat s medicat s medicat	er at school ion at school ion at school		_ (Student has medication at school
Will any students na	eed medications o	luring the	trip? Yes:	No: 🕅		
If the answer to any		-			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.

Out of State Field Trip/Health Services Notification Form



FIELD TRIP/EXCURSION INFORMATION

DESTINATION OUTSIDE OF CALIFORNIA

SFO

(to be kept by Parent/Guardian)

TO BE COMPLETED BY TEACHER

School or Center: Frick Middle School

Destination: Washington D.C.

Address: Hotel not assigned as of yet

Departure - Date: 04/05/2015 Time: 12:00 a.m. Place of Departure: SFO

Return - Date: 04/08/2015 Time: 9:00 p.m. Place of Return:

Class/Group Attending: Frick Middle School Students

Name(s) of Classroom Teacher(s): Christina Anderson, Tyjun Mack, Sharon Gray

Teacher Supervising Trip: Christina Anderson

Emergency Contact # During Trip: Christina Anderson (510) 543-4996; Jeffrey Taylor (510) 910-6500

The field trip will involve the following: (Describe activities and itinerary):	DAY 1 - Arrive in Washington, DC Essentials of Democracy Workshop, DAY 2 - FOR and Jefferson Memorial study visits, Explore the U.S. Capitol Visitor Center and Museum; Visit the Supreme Court and Library of Congress; Korean War, Vietnam War; Mock Congress Workshop; Social Activity, DAY 3 - WWII Memorial study visit; MLK Memorial study visit; Smithsonian Air and Space Museum study visit; White House Photo-Op; Arlington National Cemetery Tomb of the Unknown Soldier; DC's Signature Night Monument Tour; Examining
(DSwim/water activities permission required)	Citizenship Workshop , DAY 4 - Citizenship Send-Off Workshop; National Archives Study Visit; Smithsonian American History Museum Exploration; Depart for Home
Mode(s) of transportation:	Students will be dropped off at SFO by their parents/guardians. We will then catch a plane to Washington D.C. where we will be met by a charter bus that will take us to our hotel. Close Up provides a charter bus for us while in Washington D.C. during the trip, we will trave by private charter. Our return trip will reverse the aforementioned process.
Student needs to bring:	Students need to bring change of clothes for four days. (Spending money optional)



STUDENT FIELD TRIP/EXCURSION PERMISSION SLIP

DESTINATION OUTSIDE OF CALIFORNIA (return completed form to School)

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

TO BE COMPLETED BY PARENT/GUARDIAN

	on/ward		(1) [0]	
to participate in a field trip on Date(s): _	04/05/2015	to	(Name of Stud 04/08/2015	lent – please print)
Emergency Number(s) for Parent/Guardi				
Alternate Emergency Contact Name:				
Student Health Conditions				
Severe Allergy to:				□ Student has an Epi-pen at school
 □ Asthma □ Student has an inhaler a □ Seizures □ Student has medication □ Other condition(s): 	at school at school	🗆 Sickle	Diabetes Cell Anemia	 Student has medication at school Student has medication at school Student has medication at school
Medications needed after school hours:				
Special Instructions:				
	w blood sugar, or	r allergic rea	ction along w	cy medication available to school staff ith a Severe Allergy/Asthma Action plan re information.
Health Insurance Plan Name ¹ :			Subscriber	/Policy No
	on – If swimmin	g and/or wa	ter activities a	are a part of the field trip, do you give
Swim/Water Activities Permissi	on – If swimmin to participate in t	g and/or wa hese activiti	ter activities a es? Yes	are a part of the field trip, do you give No
Swim/Water Activities Permission permission for your daughter/son/ward to My child's swimming ability is (check	on – If swimmin to participate in t cone): Beginner the event that I,	g and/or wa these activiti Inte or other pa	ter activities a es? Yes ermediate rent/guardian	are a part of the field trip, do you give No Advanced , cannot be contacted, I hereby give
 Swim/Water Activities Permission permission for your daughter/son/ward to My child's swimming ability is (check Authorization to treat minor: In permission to the School staff to secure Notice of Waiver of All Claims: D any school district, charter school, and/o by reason of the out-of state field trip or 	on – If swimmin to participate in t cone): Beginner the event that I, proper treatmen I hereby knowing or the State of Ca excursion. (Edu	g and/or wa hese activiti or other pa t for my dau gly waive all lifornia for i cation Code	ter activities a es? Yes rent/guardian ghter/son/wa of my and my njury, accider Section 3533	Are a part of the field trip, do you give No Advanced , cannot be contacted, I hereby give ard. y daughter's/son's/ward's claims against nt, illness or death occurring during or 0)
 Swim/Water Activities Permission permission for your daughter/son/ward to My child's swimming ability is (check Authorization to treat minor: In permission to the School staff to secure Notice of Waiver of All Claims: D any school district, charter school, and/o 	on – If swimmin to participate in t cone): Beginner the event that I, proper treatmen I hereby knowing or the State of Ca excursion. (Edu or Guardian Sign	g and/or wa these activiti or other pa t for my dau gly waive all alifornia for i cation Code	ter activities a es? Yes rent/guardian ighter/son/wa of my and my njury, accider Section 3533	Advanced Advanced , cannot be contacted, I hereby give and y daughter's/son's/ward's claims against ht, illness or death occurring during or 0)
 Swim/Water Activities Permission permission for your daughter/son/ward to My child's swimming ability is (check Authorization to treat minor: In permission to the School staff to secure Notice of Waiver of All Claims: Dany school district, charter school, and/ob y reason of the out-of state field trip or Date: Parent FOR HIGH SCHOOLS ONLY: With the school state field trip or School Schol School School School School School School School School Schoo	on – If swimmin to participate in t cone): Beginner the event that I, proper treatmen I hereby knowing or the State of Ca excursion. (Edu or Guardian Sign Print he permission of n the destination r leave the destin	g and/or wa hese activiti or other pa t for my dau gly waive all lifornia for i cation Code nature: Name: the parent/ on his/her of	ter activities a es? Yes rent/guardian ghter/son/wa of my and my njury, accider Section 3533 guardian and own. Please	are a part of the field trip, do you give No Advanced , cannot be contacted, I hereby give ard. y daughter's/son's/ward's claims agains at, illness or death occurring during or 0) the supervising teacher, a high school check below if you grant permission to
 Swim/Water Activities Permission for your daughter/son/ward to My child's swimming ability is (check Authorization to treat minor: In permission to the School staff to secure Notice of Waiver of All Claims: Date of Waiver of All Claims: Date: Parent FOR HIGH SCHOOLS ONLY: With to student may meet at and/or leave from your high school student to arrive at o 	on – If swimmin to participate in t a one): Beginner the event that I, proper treatmen I hereby knowing or the State of Ca excursion. (Edu or Guardian Sign Print he permission of n the destination r leave the destination ay occur.	g and/or wa these activiti Inter- or other part t for my dau gly waive all alifornia for i cation Code nature: Name: the parent/ on his/her on hation on his	ter activities a es? Yes remediate rent/guardian ghter/son/wa of my and my njury, accider Section 3533 guardian and own. Please of sher own. U	are a part of the field trip, do you give No Advanced , cannot be contacted, I hereby give ard. y daughter's/son's/ward's claims agains at, illness or death occurring during or 0) the supervising teacher, a high school check below if you grant permission to

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).



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

TO BE COMPLETED BY CHAPERONE

, have read and understand the trip information materials and hereby agree to I, ____ (Name of Adult) participate in the field trip or excursion on 04/05/2015 through 04/08/2015 to

Washington D.C.

(Destination)

- 1. I understand that my participation in this field trip/excursion is voluntary, but having agreed I will follow instructions provided by supervising teacher/coach and I will comply with all District requirements pertaining to the chaperoning of students. I understand that I must undergo a criminal background clearance.¹
- 2. I understand that no insurance is provided by the Oakland Unified School District for this field trip/ excursion.

Swim/Water Activities Participation – If swimming and/or water activities are a part of the field trip, do you agree to participate in these activities as needed? _____ Yes _____ No

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

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

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

Adult Participant Phone Numbers: Cell:	Home:	Work:	
Emergency Contact Person:			
Emergency Contact Numbers: 1.	2	3	
Adult Participant's Critical Medical Needs/Medication	ons/Allergies/Conditions:		

Health Insurance Plan Name: ______ Subscriber/Policy No. _____

Date: Adult Participant Signature:

Print Name:

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



DECLARATION OF DRIVER

Driver	Name:	······			
Schoo	ol or Center: Frick Middle School				
Teacher:School Y				Year:	
	triver and registered owner ict as follows:	who sign(s) this form	n assure(s) the Oakland U	nified School	
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 bodil injury; and \$50,000 per occurrence for liability for property damage.				
	Policy No.:	; Policy expira	tion date:		
4.	That Oakland Unified School the insurance agent listed be		above by telephone or writte	en communication to	
		Ī	ame of Insurance Agent		
	Telephone Number of Insura	nce Agent A	ddress of Insurance Agent		
5.	That the driver and registere for accidents or injuries that driver, passengers or others.	may occur and provides			
6.	That the driver will ensure th	at all passengers use sa	fety belts or appropriate child	I car seat at all times.	
7.	That the vehicle meets all sa the "Driver Instructions" on p		at the driver has received a	copy and will follow	
Year	Make	Model	Passenger Capacity	Vehicle License No.	
I certi	ify that the information provide	ed on this form is true ar	d correct.		
Date	Driver Name	Signature of Driver	Driver's License No.	Cell Phone No.	
	ify that the information provide e vehicle to drive Oakland Unifi				
Date	Registered Owner Name	S	Ignature of Registered Owner (if di	fferent from driver)	
Atta	ch a photocopy of driver's li	icense and current ins	surance card or declaratio	ns page	
	Declaration of Driver evision 8/21/13	Page 1 of 2	2	(OVER)	

RISK MANAGEMENT DEPARTMENT



Certificate of Insurance Coverage Request Form

(Field Trip)

Request Date:	Site Name: Frick Middle School		
Site Contact Person: Christina Anderson	Telephone:	Fax:	
Site Contact Person Email Address: christina.anderson@ousd.k12.ca.us			
Event Location Name:			
	lashington D.C.		
Address: Hotel not assigned as of yet			
Event Contact Person Information Name:	Telephone:	Fax:	
Event Date and Time:		<u></u>	
Departing: 04/05/2015	Returning: 04/08/2015	5	
Brief Description of the Event: DAY 1 - Arrive in Washington, DC Essentials of Dem Jefferson Memorial study visits, Explore the U.S. Cap the Supreme Court and Library of Congress; Korean Workshop; Social Activity, DAY 3 - WWII Memorial s Smithsonian Air and Space Museum study visit; Whi Cemetery Tomb of the Unknown Soldier; DC's Signa Citizenship Workshop, DAY 4 - Citizenship Send-Of	pitol Visitor Center and Museum; Vis War, Vietnam War; Mock Congress tudy visit; MLK Memorial study visit; te House Photo-Op; Arlington Nation ture Night Monument Tour; Examini	nal ng	
Facility Insurance Requirements: (Please attach	the written requirement provided b		

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

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

CG 8/2013