



FIELD TRIP AUTHORIZATION FORM

Requests must be submitted to your campus Principal at least 8 weeks prior to the date of the proposed field trip. A copy of the Principal-approved request form must be submitted to the Central Administration Office for final Director of Program approval no less than 4 weeks prior to the field trip date. Teachers are encouraged to provide additional printed information relative to the field trip destination whenever available. Trips are always conditionally approved contingent upon a confirmed list of field trip drivers being provided to the Principal no later than 1 week prior to the trip date. The Director of Program may describe other contingencies as necessary.

Teacher Name: Bryan Baker & Dawn Livanios Date: 9/5/18 Grade(s): 7th & 8th

Classroom: Middle School Campus: Elk Grove

Destination of Proposed Field Trip: Ashland, Oregon

Address: 1250 Siskiyou Blvd, Ashland, Oregon. 97520

Macy
(Contact Name)

541-552-6375
(Contact Phone #)

Cost per Student: \$300 **Date(s) of Proposed Field Trip:** 4-3-2019/4-5-2019

Departure from Campus Time: 6:30 am **Return to Campus Time:** 6:00 pm

Date first payment needs to be made to vendor: To be determined

Date of Parent Chaperone Meeting: March 14, 2019

The field trip is: ___ walking class trip ___ local/day trip over night: 2 # nights out-of-state*

**Out-of-state field trips must be pre-approved by the Governing Board prior to booking. Please contact the Central Administration Office to learn more about the Governing Board meeting schedule.*

Title/Description of Field Trip: (Note that walking class trips may be requested as a "standing approval" for events such as regular park outings, monthly library trips, etc. If requesting a "standing approval", please indicate all proposed dates of participation on one request form).

Shakespeare Festival in Ashland, Oregon. Students will stay on campus at Southern Oregon University, take acting workshops, and attend two different plays.

How will this field trip support the students' learning and how does it tie into the curriculum?

Attending Shakespeare Festival at Southern Oregon University will introduce the students to classical Shakespearean plays, support content from Language Arts, and give them a taste of College Life which helps them in the planning on their academic future.

Projected # of students participating: 44 **projected # of students not participating:**

Projected student participation rate: 100%

Comments about student participation rate: We are planning on almost every student attending this field trip.



Campus: Elk Grove-Bradshaw

Date(s) of Field Trip: 4-3-2019/4-5-2019

Field Trip Emergency Plan

(Please fill out and include with Field Trip Authorization Form)

Teacher Name: **Bryan Baker & Dawn Livanios**

Classroom: **Middle School**

Destination of Field Trip: **Ashland, Oregon**

Contact Name and Phone Number: **Macy 541-552-6375**

Emergency CMP Contact #1: **Bryan Baker 916-213-1529** #2 **Dawn Livanios 916-698-9687**
Name & Phone Number Name & Phone Number

Teacher responsible for making decisions regarding emergencies: **Bryan Baker**

This person is also responsible for making sure of the following:

- ✓ All emergency information is present and available
- ✓ Sufficient first aid kits are available to serve all participating students
- ✓ The responsible teacher has a functioning cell phone with number shared with other teachers and parent chaperones
- ✓ All safety protocols specific to this field trip are clearly communicated to the other participating teachers and parent chaperones

Emergency Procedures:

If ever there is a life threatening event or if the safety of the participants is jeopardized always call 911.

What is the plan if a student gets ill/injured during the trip?

We will first assess the severity of the illness or injury. If the illness or injury is minor, then a teacher and a chaperone will stay behind with the student at the dorms. If the illness or injury is major, a teacher and chaperone will take them to the hospital (with parent permission). No matter what the severity, the student's parents will be notified.

What is the plan if a parent chaperone gets ill/injured during the trip?

We will first assess the severity of the illness or injury. If the illness or injury is minor, the chaperone will stay in the dorm room away from the students. If the illness or injury is major, then we will take them to the hospital.

What is the plan if an individual or group of students exhibit behavioral problems and need to be isolated from the group or sent home?

The student or group of students will be separated from the rest of the class and stay in the dorms. Their parent/guardian will be notified and asked to pick them up from the field trip. While waiting for them to be picked up, a teacher and a chaperone will stay behind with the student at the dorms.

What is the plan if a student or parent needs to go to the hospital?

The parent(s) and/or family member will be notified immediately. A teacher and a chaperone will both go with the student or parent to the hospital, and will continue to update the family on their progress.

What is the plan if a student gets lost during this trip?

First, notify the police. The teachers will talk with the chaperone group leader and the students in the small group and try to retrace the student's steps. The student's parents/guardians will be notified.

What are the potential safety hazards specific to this trip?

A long car ride to Oregon and walking around the college campus.

What plans could be put into place to make sure these situations are handled to the best of our ability?

We will be caravanning on the drive to Oregon so all of the chaperone vehicles will be close by each other on the drive. This will make sure if a vehicle has a problem, another parent chaperone will be able to assist them right away and contact a teacher.

What is the plan if a parent chaperone is making choices which are jeopardizing the safety of the students?

First both teachers will pull the parent chaperone aside and talk about the poor choices and look at the severity of those choices. Based on the severity of the choices, either the parent will be asked to return home from the trip, or be allowed to stay with the understanding he or she must correct their choices for the safety of the students.

PHILADELPHIA INSURANCE COMPANIES
SPECIAL EVENT QUESTIONNAIRE
 Revised for CMP for High Risk & Overnight Field Trips

1. Name of your organization: California Montessori Project
 Policy No. or Account No.:
2. Teacher Name: Bryan Baker & Dawn Livanios Classroom Name: Middle School
 Grade/s: 7th & 8th Ages range: 12-14
3. Destination of Proposed Field Trip: Ashland, Oregon
 Address: 1250 Siskiyou Blvd, Ashland, Oregon 97520
 Contact Name: Macy Contact Phone #: 541-552-6375
 Dates of Proposed Trip: 4-3-2019/4-5-2019 Cost per Student: \$300
 Departure time from Campus: 6:30 AM Return to Campus time: 6:00 PM
4. Description, Type of event: Shakespeare Festival will allow students to take part in acting workshops & attend two different plays.
 Activities (details- please include a flyer, brochure, etc.): Students will be introduced to college life while staying in campus dorms and eating at the college cafeteria.
5. Number of anticipated Students attending this event: 44
 Number of anticipated Employees attending this event: 6
 Number of anticipated Parent Chaperones attending this event: 10-12
6. Are lifeguards on duty? Yes No Not Applicable (If Yes complete the following)
 Are they hired by Insured Place event is being held
 Is the lifeguard/s certified? Yes No CPR trained? Yes No
 Certificate received by insured? Yes No
7. Are sports activities being played? Yes No Not Applicable (If Yes complete the following) Which sport/s? _____
 Are participants required to sign a waiver? Yes No
 Do participants have to show proof of personal health insurance? Yes No
 Are safeguards in place to prevent injury to spectators? Yes No
8. Will you sell or serve food? Yes No Not Applicable
 Catered? Yes No (If Yes complete the following)
 Are they hired by: Insured Place event is being held?
 Certificate received by insured? Yes No
9. Organizations or agencies which will need to be named as Certificate Holder and/or additional insured (such as City or County or building owner): N/A
 Address of Certificate Holder: _____
 Do we need to provide a certificate of insurance? Yes No
 Are you sure the Certificate holder needs to be named as an Additional Insured? Yes No
 If so, give date by which certificate must reach this organization
10. Note: No alcohol is to be served on Field Trip Events

Signed by: _____ Date: _____

California Montessori Project
Field Trip Permission Slip & Emergency Information

Due with Specified Payment by _____

Payment:
Date: _____
Cash: \$ _____
Check: # _____
Verified: _____
Coordinator's Initials: _____

Classroom: Middle School Field Trip Destination: Ashland, Oregon
Date: 4-2-19/4-5-19 Departure Time: 6:30 AM Return Time: 6:00 PM Lunch: (Pack a disposable lunch & water bottle)

Cost per Student*: \$ 300- Cost per adult: \$ 300-
**CMP Policy provides that no student shall be excluded from a field trip for financial reasons.*

Please Note Siblings are not permitted on CMP Field Trips except in extenuating circumstances and parents are required to have at least 2 weeks prior approval. Siblings enrolled in CMP are expected to be in attendance in their own classrooms.

Student Information: My child, _____, does / does not have my permission to participate in the field trip listed above and to be transported by a CMP parent volunteer driver.

____ My child requires a car booster seat! (required for child until 8 years old or 4'9" in height). Parents to leave seat with teacher.

Parent Information: Parent/Guardian Name(s): _____

Home #: _____ Work #: _____ Cell #: _____

Volunteer and/or Driver Participation:

____ Yes, I, (driver name) _____ would like to drive on the field trip, and can accommodate children, including my own child, in my car with seat belts and car seats if necessary.*

I have been cleared by the school office to drive on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan, TB test results, driving report, proof of insurance, driver's license and vehicle registration and am 25 years of age or older.

____ Yes, I, (chaperone name) _____ would like to volunteer on the field trip.*

I have been cleared by the school office to volunteer on fieldtrips by attending "7 Habits of Highly Effective Volunteers" and by submitting my Live Scan and TB test results and am 21 years of age or older.

____ No, I am not able to participate on this field trip.

*I understand there may be more volunteers and/or drivers than are allowed on the field trip and I will be notified if I will be driving or participating.

AUTHORIZATION TO TREAT MINOR: In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the school staff or designated parent supervisor to secure proper treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services.

Parent Signature: _____ Date: _____

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, 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).

EMERGENCY INFORMATION: MUST BE COMPLETED to accompany your child's chaperone/driver

Print Name(s) of Parent/Guardian: _____

Parent/Guardian Work Phone: _____ Pagers/Cell Phones: _____

Additional Emergency Contact Person/Relationship: _____

Phone Number(s): _____

Additional Emergency Contact Person/Relationship: _____

Phone Number(s): _____

Physician/Health Insurance Name: _____

Policy Number: _____ Phone: _____

Student's Critical Medical Needs/Allergies/Conditions: _____



Registration Form, Release of Liability and Assumption of Risk Agreement

Class/Teacher: Middle School Date(s): 4-2-19/4-5-19 Time: overnight

Participant's Name	Birth Date	Address	City, Zip Code	Home Telephone

Activity Description: Shakespeare Festival

Location: Ashland, Oregon Transportation: Parent Driver

Student Physical Involvement: Attend 2 Shakespeare plays & college life

I understand that my child will be participating in a field trip as described above. At all times, California Montessori Project (hereinafter CMP) administrators, teachers, volunteers, and other staff seek to provide a safe environment and experience.

In providing consent for my child's participation, I acknowledge that certain known or unanticipated risks or danger of accidents resulting in an injury, accident, illness, or death may occur on this field trip. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

AGREEMENT, WAIVER, AND RELEASE

Consistent with Education Code Section 35330, and in consideration for being permitted by CMP to participate in the above activity, I hereby voluntarily waive, release, and discharge any and all claims for damages for personal injury, death or property damage which I or my child may have, or which hereafter may accrue to me or my child, as a result of participation in said activity. This release discharges CMP, its officers, employees, and agents, from and against any and all liability arising out of or connected in any way with my participation in said activity. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

PARENTAL CONSENT: (to be completed and signed by parent/guardian if participant is under 18 years of age)

I hereby consent that my son/daughter participate in the above activity, and I hereby execute the above waiver, agreement, and release in his/her behalf. I state that said minor is physically able to participate in said activity. Should CMP or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold harmless CMP or anyone acting on their behalf from all such fees and costs.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CALIFORNIA MONTESSORI PROJECT AND I SIGN IT OF MY FREE WILL.

Parent/Legal Guardian (Please print) Parent/ Guardian Signature Date

Daytime Phone Cell Phone Email

Participants and parents/legal guardians hereby agree to abide by all rules, regulations and policies of CMP; and to follow the instructions of the CMP staff in charge of this activity.

Parent/Legal Guardian Signature Student Signature Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/19/2018

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 have ADDITIONAL INSURED provisions or 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 Professional Ins. Assoc., Inc. 1100 Industrial Road #3 San Carlos, CA 94070 John P. Cruden III, CPCU	650-592-7333	CONTACT NAME: John P. Cruden III, CPCU PHONE (A/C, No, Ext): 650-592-7333 FAX (A/C, No): 650-594-4936 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE	
INSURED California Montessori Project Mary Percoski 5330 A Gibbons Drive #700 Carmichael, CA 95608	INSURER A: Philadelphia Indemnity Ins.	NAIC # 18058
	INSURER B: Oak River Ins. Co.	34630
	INSURER C: Philadelphia Insurance Company	
	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 SUBR (INSR) (LWD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Educators Legal L GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		PHPK1843599	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		PHPK1843599	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		PHUB636263	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		CAWC820189	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Overnight field trip on 04/03/2019 - 04/05/2019

CERTIFICATE HOLDER Southern Oregon University 1250 Siskiyou Blvd. Ashland, OR 97520	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 
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