

ALAMEDA UNIFIED SCHOOL DISTRICT
Excellence & Equity For All Students

Scanned to 2/1/23
E. Odum



Educational Services
2060 Challenger Drive
Alameda, CA 94501

Out-of-State/Out-of-Country Field Trip Request

Scanned to
E. Odum
2/7/23

School: EHS
Lead teacher (attending field trip): EMILY PABARCUS
Additional teacher(s) attending field trip: _____
Grade(s): 10-12
Number of students: 12
Number of chaperones*: 2
*There must be a minimum of 1 adult for every 15 students.

Date(s) of field trip: MAR 8-13 *Overnight trips must work with COVID team to develop a testing plan

Time of departure (leaving from school): 6:30am 3/8

Time of arrival (returning to school): 5:00pm 3/13

Destination/venue name: NATIONAL HIGH SCHOOL MODEL U.N.

☐ Venue contract is attached. *Contract must be processed through Business Services

Destination/venue phone number: 212-586-7000

Destination/venue address (include city & state): 1335 6th AVE, NY 10019

Lead teacher's signature: [Signature]

Date: 30 NOV 22

Principal's signature: [Signature]

Date: 1-18-23

☐ Pre-approval

☐ Denied Reason: _____

Curriculum & Instruction Office Use Only

Director of Elementary/Secondary's signature: [Signature] Date: 2.15.23

☐ Conditional Approval

☐ Denied Reason: _____

Required forms received for final approval:

☐ Out-of-State/Out-of-Country Field Trip Request

☐ Field Trip Chaperone List

☐ Roster of Field Trip Participants / class roster from Aeries AND all parent/guardian consent forms

Director of Elementary/Secondary's signature: _____ Date: _____

☐ Conditional Approval (pending Board of Education approval)

☐ Denied Reason: _____

Board Approved Date: _____

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☐ Check this box if the field trip is NOT instructional. Review the examples below, and check the box that applies:

- | | |
|--|---|
| <input type="checkbox"/> Aviation activities (i.e. aircraft or helicopter rides from school property) | <input type="checkbox"/> Archery |
| <input type="checkbox"/> Hot air balloon rides | <input type="checkbox"/> Cliff rappelling / rappelling towers |
| <input type="checkbox"/> Parasailing | <input type="checkbox"/> Climbing walls |
| <input type="checkbox"/> Sky-diving | <input type="checkbox"/> Downhill skiing |
| <input type="checkbox"/> Any other aviation or aircraft related activity | <input type="checkbox"/> Firing ranges |
| <input type="checkbox"/> Excursions requiring the use of non-commercial aircraft (i.e. private planes) | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Automobile Activities (i.e. demolition derbies, auto races) | <input type="checkbox"/> Ice skating |
| <input type="checkbox"/> Excursions to natural disaster areas (i.e. earthquakes, floods, hurricane, tornado zones) | <input type="checkbox"/> Ice hockey |
| <input type="checkbox"/> Excursions to war zones (imminent or existing) | <input type="checkbox"/> In-line skating |
| <input type="checkbox"/> Excursions to regions with political or civil instability | <input type="checkbox"/> Mountain biking |
| <input type="checkbox"/> Dunk tanks | <input type="checkbox"/> Paintball warfare games |
| <input type="checkbox"/> Mechanical bulls | <input type="checkbox"/> Scuba diving |
| <input type="checkbox"/> Diving into or sliding on foam, mud, ice or snow | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Demolition of derelict vehicles, equipment or buildings | <input type="checkbox"/> Snowboarding / snow blading |
| <input type="checkbox"/> Ice climbing / mountain climbing | <input type="checkbox"/> Tobogganing |
| <input type="checkbox"/> Use of fireworks or other pyrotechnic devices | <input type="checkbox"/> Whitewater rafting / kayaking |
| <input type="checkbox"/> Use of air-filled "Fun Structures" (jump houses) | <input type="checkbox"/> Winter camping |
| <input type="checkbox"/> Bungee jumping | |

Instructional Purpose*

**All staff must state the purpose of the field trip below.*

What is the purpose of this trip?

MODEL U.N. CONFERENCE

List activities:

ATTEND MODEL U.N. CONFERENCE.
VISIT U.N.

List anticipated student outcome:

STUDENTS WILL EXPERIENCE A MODEL U.N.
CONFERENCE, AND VISIT THE U.N.

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List state standards/content to be addressed:

1. _____
2. _____

Describe pre-activities:

STUDENTS ARE ENROLLED IN MODEL U.N.
CLASS.

Describe post-activities:

STUDENTS WILL REPORT OUT TO CLASS
ON CONFERENCE.

Reasons for excluding any student(s)*:

***All students must be allowed to participate regardless of ability to pay associated fees.**

NONE

Provision made for student(s) not participating:

THERE WILL BE A SUB.

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Mode of Transportation

- ☒ Airplane
☐ Chartered bus
☐ Commercial transport (city bus/BART/ferry/etc.) **Increased chaperone requirements*
☐ District vehicle
☐ Private vehicle

Flight #1 Information (leaving from California)

Confirmation #: AJJDJW
Airline: JET BLUE
Name of contact: E. PABAROUS
Airport (departure): SFO 6am
Airport (arrival): JFK 2:23pm
Airline phone #: 800.538.2583

Flight #2 Information (returning to California)

Confirmation #: AJJDJW
Airline: JET BLUE
Name of contact: E. PABAROUS
Airport (departure): JFK 4:30pm
Airport (arrival): SFO 8:08pm
Airline phone #: 800.538.2583

Chartered Bus Information

- ☐ Bus contract is attached. **Bus contracts must be processed through Business Services.*

PO #: _____
Confirmation #: _____
Bus company: _____
Name of contact: _____
Company address (include city & state): _____
Company phone #: _____

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Transportation costs will be paid for by:

**PTA/Music Boosters/etc. cannot directly pay for chartered buses. Buses must be paid for through a donation & PO.*

- ☐ School
- ☐ District
- ☒ Individual student
- ☐ Student body
- ☐ PTA
- ☒ Other FUNDRAISING

Lodging Information

Confirmation #: NHS-22637

Hotel name: NEW YORK HILTON MIDTOWN

Name of contact: NHS MUN Executive Staff - Andrés Rodriguez

Hotel address (include city & state): 1335 6th AVE, NY 10019

Hotel phone #: 212-586-7000

Lodging costs will be paid for by:

- ☐ School
- ☐ District
- ☒ Individual student
- ☐ Student body
- ☐ PTA
- ☒ Other FUNDRAISING



<u>Itinerary and Daily Schedule</u> (includes departure and arrival times from and to each location)		
Date	Time	Activity/Event
Mar. 8	6:00 am	JetBlue Flight to NYC
Mar. 8	2:30 pm	Arrive @ JFK, uber or subway to Hotel
Mar. 9	All Day	NYC tourism
Mar. 10-12	All Day	Model UN Conference
Mar. 13	1:30 pm	JetBlue Flight to SFO
Mar. 13	5:00 pm	Arrive @ SFO

updated 1/30/23

SC

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Roster of Field Trip Participants

(form is not required if substituted with class roster from Aeries)

School: Encinal

Teacher: Pabarcus

Room #: 4102

Grade(s): 10-12

Date(s) of field trip: March 8-13

Destination/venue name: model UN conference NYC

	Student Name (please print first name and last name)	Student ID #	Student Age	C&I Office Use Only: Consent forms ✓
1.	Peyton Roloff	80116	17	✓
2.	Cadence Tramel	84365	15	✓
3.	Sophia Tramel	80978	17	✓
4.	Mirabelle Kruger	81796	16	✓
5.	Vivian Barber	80005	17	✓
6.	Stella Madsen	80328	18	✓
7.	Katya Pabarcus	94714	15	✓
8.	Jenna Tuason	80127	17	✓
9.	Angelica Tigas	91927	17	✓
10.	Bella Morgan	80508	17	✓
11.	Alison Jensen	80247	18	✓
12.	Finn Smith	80400	17	✓
13.				
14.				
15.				

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Field Trip Chaperone List

(form must include all parents/guardians/staff chaperones)

School: Encinal Teacher: Pabarcus Room #: 4102
Grade(s): 10-12 Date(s) of field trip: MARCH 8-13, 23 Destination/venue name: Model UN Conference

Last Name	Curry	Pabarcus	
First Name	Marnie	Emily	
Cell Phone #	510-846-1314	415-730-3925	
Field Trip Chaperone Agreement <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Adult Voluntary Waiver, Release, and Indemnity Agreement (Out of State/Out of Country Trips Only) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Will chaperone be driving students in a private vehicle?	no	no	
IF Chaperone will be driving students in a private vehicle...			
Annual Transportation of Students in Privately Owned Vehicles Certificate and Authorization <input checked="" type="checkbox"/>	n/a	n/a	
Copy of Driver's License <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Insurance is in Driver's Name <input checked="" type="checkbox"/>	n/a	n/a	
Driver Has Met Minimum Insurance Requirements <input checked="" type="checkbox"/>	n/a	n/a	
HR Required Forms			
Volunteer Information/Agreement <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Copy of TB Results (not required for 1-time occurrence) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Live Scan Clearance via HR <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

I have verified that all chaperones listed above have been approved as district chaperones for this field trip.

Principal's signature: [Signature]

Date: 1-18-23

14 January 2023

Dear School Board,

On March 8-13, Encinal High School has arranged for a field trip to the National High School Model United Nations conference. 12 students and 2 chaperones will be attending. NHSMUN is the world's largest and most prestigious Model UN conference for secondary school students. We will be traveling by plane and staying at the New York Hilton Midtown.

The program cost for each student, including instruction, transportation, lodging, meals, and expenses is approximately \$1000. Individual students will be subsidizing the cost. We also are doing extensive fundraising to assist any student who cannot afford the cost on their own.

The instructional purpose of this field trip is that students are able to attend meetings with the diplomatic representatives of the countries they are representing, and other UN and NGO leaders visit committees for dynamic question and answer sessions. Whether a beginner or veteran, NHSMUN is an engaging, immersive experience in the world of international affairs, problem solving, and diplomacy.

March 8, 2023- JetBlue Flight 6am, arrive JFK 2:30p., Uber or Subway to hotel.

Mar 9, 2023 - New York City tourism

March 10-12 - Model UN conference

Mar 13, 2023 - Fly home JetBlue Flight 1:30pm, arrive SFO 5pm

Approval of this field trip will be an investment in our community's future, helping students become more informed and responsible citizens, as well as giving teachers the tools necessary to provide students with the best education possible.

Lead teacher's signature:



Date: 14 Jan 23

Principal's signature:



Date: 13 Jan. 23

School: Encinal High School

Room 1 - 2 beds	Alison Jenson	Peyton Roloff	Vivian Barber	Isabella Morgan
Room 2 - 2 beds	Angelica Tigas	Jenna Tuason	Stella Madsen	Finn Smith
Room 3 - 2 beds	Katya Pabarcus	Mirabelle Kruger	Sophia Tramel	Cadence Tramel
Room 4 - 2 beds	Emily Pabarcus			
Room 5 - 1 bed	Marnie Curry			
Arrival Date	March 8, 2023			
Departure Date	March 13, 2023			

8:23

Done

zohoinvoicepay.com

AA



IMUNA



NHS-22637

OUTSTANDING

Balance:

\$6,499.62

[View as PDF >](#)

INVOICE DETAILS

Due Date::

10 Feb 2023

Occupancy: **FOR PAYMENT BY CHECK**
<https://docs.google.com/spreadsheets/d/1DPAK601YFxcRPaKmbKK5Gvc3UMkz7GjC6nvshbKE/edit#gid=0>

Room 1 - 2 Beds	Alison Jensen	Payton Roloff	Vivian Barber	Isabella
Room 2 - 2 Beds	Angela Tyson	Jenna Tuason	Stella Madsen	Finn
Room 3 - 2 Beds	Katy Pabarcus	Mirabelle Kruger	Sophia	Tramel
Room 4 - 2 Beds	Emily Pabarcus	Marnie Curry	(Chaperones)	
Arrival Date	March 8, 2023			
Departure Date	March 13, 2023			

Charles should be denominated in US Dollars
to **NHSMUN Rooming List Encinal High School**
to **IMUNA.** Enclose a
Sheet 1 Room 1 - 2 beds, Alison Jensen, Payton Roloff, Vivian Barber, Isabella
with your check and mail
Smith Room 3 - 2 beds, Katy Pabarcus, Mirabelle Kruger, Sophia
Tramel, Cadence Tramel Room 4 - 2 beds, Emily Pabarcus, Marnie Curry,
(Chaperones) Arrival Date...

IMUNA

docs.google.com

Attn: Comptroller

Emily Pabarcus
4062 Peachtree Road, Suite A #435
Encinal High School
Atlanta, GA 30319

From: Canepa, Sara <scanepa@alamedaunified.org>
Sent: Tuesday, February 7, 2023 9:45 AM
To: Odom, Elizabeth <EOdom@alamedaunified.org>; Pabarcus, Emily <EPabarcus@alamedaunified.org>; Walton, Vernon <vwalton@alamedaunified.org>; Krueger, Danielle <DKrueger@alamedaunified.org>; Snyder, Kirstin <ksnyder@alamedaunified.org>
Subject: RE: Out of State field trip info

Hi Elizabeth,

Here is some of the information you requested

- Permission slips
- Missing information filled in on the Out of State Request

Thank you,

Sara Canepa

pro-nouns she/her

Office Specialist

Encinal Jr. Sr. High School

210 Central Avenue



Adult Voluntary Waiver, Release, and Indemnity Agreement
(form is required to be completed for Out of State/Out of Country Field Trips)

(read carefully before signing)

I, EMILY PABARUS, hereby affirm that I have voluntarily enrolled in
(adult's first name and last name)

NHSMUN Conference : conducted from 3/8/2023 through 3/13/2023
(description of field trip)

by ATS MODEL UN : in New York
(name of company conducting trip) (location)

Mode of Transportation (District Approved)

☐ I will use the District approved transportation by airplane, chartered bus, commercial transport (city bus/BART/ferry/etc.), district vehicle and/or private vehicle.

Mode of Transportation (Privately Arranged by Adult)

☐ I will not use the District approved transportation. I will be providing my own transportation.

(Transportation to/from this event is on your own. The District shall NOT be responsible for and shall NOT assume liability for any injury or loss which may result from such non-District provided transportation.)

I certify that I am cognizant of all the inherent dangers associated with my voluntary participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall me. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of my safety. In the event of illness or injury, I 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 a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that my participation in the trip is not an educational requirement for any course of study which I or the student is presently pursuing or may pursue in the future.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

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I fully understand and agree that my failure to follow field trip rules or safety requirements may result in myself being sent home, at my expense, and that I may be barred as a result from future field trips.

Adult's signature: _____

Date: 14 Jan 23

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Field Trip Chaperone Agreement

(form is required to be completed by parents/guardians)

School: EHS
Teacher: PABARCUS Room #: 4102
Grade(s): 11-12
Date(s) of field trip: MARCH 8-13, 2023
Destination/venue name: NATIONAL HIGH SCHOOL MODEL UN.
Chaperone's last name: CURRY
Chaperone's first name: MARNIE
Chaperone's cell phone #: 510-846-1314
Chaperone's work phone #: N/A
Chaperone's home phone #: N/A
Chaperone's email address: marnie.curry@comcast.net

IF Parent/Guardian Chaperone:

Student Name (please print first and last name): William "Finn" Smith
Relationship to student: Mother

- ☐ I will be a driver during this field trip. I will be transporting my student in addition to other students.
☒ I will not be a driver during this field trip. I will not be transporting any students.
☐ I will be a driver during this field trip. I will only be transporting my student.

All chaperones are required to do the following:

- Supervise all students assigned to them at all times for the entire duration of the activity.
- Follow and enforce all school rules and AUSD policies and immediately report any violation of school rules/policies to the supervising teacher.
- Immediately report any unsafe incident or situation to the supervising teacher.
- Immediately report any disciplinary incident to the supervising teacher.

Chaperones are not permitted to consume alcohol or be under the influence of any controlled substance while participating in a school function.

I certify that I am cognizant of all the inherent dangers associated with my voluntary participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall me. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of my safety. In the event of illness or injury, I hereby

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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 a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for my safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that my participation in the trip is not an educational requirement for any course of study which I or the student is presently pursuing or may pursue in the future.

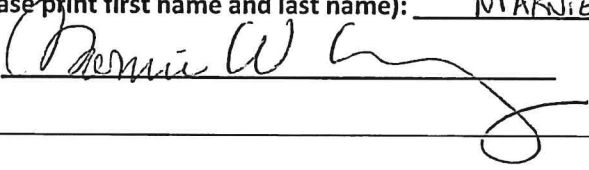
As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

I fully understand and agree that my failure to follow field trip rules or safety requirements may result in myself being sent home, at my expense, and that I may be barred as a result from future field trips.

I have read the chaperone agreement and will adhere to the above expectations while chaperoning students on a school trip.

Parent's/guardian's name (please print first name and last name): MARNIE CURRY

Parent's/guardian's signature:  Date: 2/7/23

School Office Use Only

School office manager has:

- ☐ received Annual Transportation of Students in Privately Owned Vehicles Certificate and Authorization for drivers who are transporting their students in addition to other students
- ☐ received a copy of driver's license
Driver's license expiration date: _____
- ☐ verified that the insurance is in the driver's name
- ☐ verified that the driver has met the minimum insurance requirements as listed above
Insurance expiration date: _____
- ☐ received Field Trip Chaperone Agreement
- ☐ received Volunteer Information/Agreement
- ☐ received a copy of TB Results
- ☐ confirmed Live Scan clearance via Human Resources

I have confirmed that the above individual has been approved as a district chaperone for this field trip.

Principal's signature: _____

Date: _____

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Parent/Guardian Informed Consent for Field Trip

School: ENCINAL HIGH SCHOOL

Teacher: PABARCUS

Room #: 4102

Date(s) of field trip: March 8-13, 2023

Time of departure (leaving from school): 6am 3/8 - SFO

Time of arrival (returning to school): 5pm 3/13 - SFO

Destination/venue name: National High School Model United Nations

Destination/venue phone #: New York Hilton Midtown 212.586.7000

Destination/venue address (include city & state): 53rd St. x Avenue of the Americas, NY, NY

Student's last name: Roloff 1335 6th AVE

Student's first name: Reyton

Student's cell phone #: 510-871-0118

Student's home address (include city & state): 735 Palmera Court Alameda CA, 94501

Transportation Mode

☐ Chartered bus

☒ Commercial transport (city bus/BART/ferry/etc.)

☐ District vehicle

☐ Private vehicle

Lodging Information

Hotel name: New York Hilton Midtown

Hotel address (include city & state): 1335 6th AVE, NY, NY

Hotel phone #: 212.586.7000

In the event of illness or injury, I 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 a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through SI. More information regarding this coverage is included in your parent handbook. You can enroll online at www.studentinsuranceusa.com.

(page 1 and page 2 must be completed prior to submitting this form)

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A special note to Parents/Guardians regarding prescription medication/drugs:

1. All prescription medication/drugs must be registered on this form;
2. All prescription medication/drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
3. ☐ Check and initial here if there are health/medical concerns that the staff should be aware of, and if any prescription medication/drugs are required during the field trip*;
**If your student has a health/medical concern, kindly attach a description of that concern to this form.*
4. If prescription medication/drugs are to be taken by the student, list them here:

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

I understand that COVID-19 is a highly contagious virus. I understand that my student must adhere to the protocols of Alameda Unified as well as County, State and Federal COVID-19 guidelines when participating in a District event. I further understand that as a parent/guardian, I fully assume all risks related in any way to COVID-19 for my students attendance or participation in District events, and hereby agrees to indemnify, defend, and hold harmless the district, its officers, employees, and agents (collectively "AUSD") from and against any and all injuries, losses or damages, costs, expenses, claims, lawsuits, judgments, and/or liabilities (including attorney fees) arising directly or indirectly from, or related in any way to, any claims made by or on behalf of any individual(s) for bodily injury, death, loss of use, monetary loss, or any other injury from or related to COVID-19. Users themselves also hereby release, waive and discharge any claims, demands, damages, expenses, losses or liabilities (including attorney fees) against AUSD for any injury, illness, death or monetary loss relating in any way to COVID-19 in connection with participation in this event.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/guardian's name (please print first name and last name): Jennifer Roloff

Parent's/guardian's cell phone #: 415-999-4395

Parent's/guardian's work phone #: 415-999-4395

Parent's guardian's home phone #: 510-522-2416

Parent's guardian's email address: jenniferroloff@yahoo.com

Medical Insurance Carrier: Anthem

Medical Policy #: google

Emergency contact's name (please print first name and last name): Todd Roloff

Emergency contact's cell phone #: 510-775-3291

Parent's/guardian's name (please print first name and last name): Jennifer Roloff

Parent's/guardian's signature: [Signature]

Date: 1/22/23

Parent's/guardian's signature reflects their knowledge and approval of the field trip described above. This form must be returned to the school before the student can participate in the activity.

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Student Voluntary Waiver, Release, and Indemnity Agreement
(form is required to completed for Out of State/Out of Country Field Trips)

(read carefully before signing)

I, Jonniifer Roloff, hereby affirm that I have voluntarily enrolled "the student,"
(parent's/guardian's first name and last name)

Payton Roloff in National High School Model U.N.,
(student's first name and last name) (description of field trip)

conducted from 3/8/2023 through 3/13/2023 by ETHS Model UN : in
New York
(name of company conducting trip) (location)

Mode of Transportation (District Approved)

☐ The student will use the District approved transportation by airplane, chartered bus, commercial transport (city bus/BART/ferry/etc.), district vehicle and/or private vehicle.

Mode of Transportation (Privately Arranged by Parent/Guardian)

☐ The student will not use the District approved transportation. The student's parent/guardian will be providing the student's transportation.

(Transportation to/from this event is on your own. The District shall NOT be responsible for and shall NOT assume liability for any injury or loss which may result from such non-District provided transportation.)

I certify that I am cognizant of all the inherent dangers associated with the student's participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall the student. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of the student's safety. In the event of illness or injury, I 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 a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that participation in the trip by the student is not an educational requirement for any course of study which the student is presently pursuing or may pursue in the future.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the

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Alameda, CA 94501

students and adults to potential harm or injury, potentially including death. Students and adults are required to obey all rules and safety requirements of the field trip, as well as Codes of Conduct and general standards for respect of persons and property and good behavior.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/Guardian's signature: _____

Date: _____

1/22/23

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Parent/Guardian Informed Consent for Field Trip

School: ENCINAL HIGH SCHOOL

Teacher: PABARCUS

Room #: 4102

Date(s) of field trip: March 8-13, 2023

Time of departure (leaving from school): 6am 3/8 - SFO

Time of arrival (returning to school): 5pm 3/13 - SFO

Destination/venue name: National High School Model United Nations

Destination/venue phone #: New York Hilton Midtown 212.586.7000

Destination/venue address (include city & state): 53rd St. x Avenue of the Americas, NY, NY
1335 6th AVE

Student's last name: TRAMEL

Student's first name: CADENCE

Student's cell phone #: 510-519-0729

Student's home address (include city & state): 1611 CHAPIN ST ALAMEDA CA 94501

Transportation Mode

☐ Chartered bus

☒ Commercial transport (city bus/BART/ferry/etc.)

☐ District vehicle

☐ Private vehicle

Lodging Information

Hotel name: New York Hilton Midtown

Hotel address (include city & state): 1335 6th AVE, NY, NY

Hotel phone #: 212.586.7000

In the event of illness or injury, I 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 a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

It is recommended that all students have medical or student accident insurance. If you do not have student accident insurance, it is available through SI. More information regarding this coverage is included in your parent handbook. You can enroll online at www.studentinsuranceusa.com.

(page 1 and page 2 must be completed prior to submitting this form)

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A special note to Parents/Guardians regarding prescription medication/drugs:

1. All prescription medication/drugs must be registered on this form;
2. All prescription medication/drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
3. ☐ Check and Initial here if there are health/medical concerns that the staff should be aware of, and if any prescription medication/drugs are required during the field trip*;
**If your student has a health/medical concern, kindly attach a description of that concern to this form.*
4. If prescription medication/drugs are to be taken by the student, list them here:

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

I understand that COVID-19 is a highly contagious virus. I understand that my student must adhere to the protocols of Alameda Unified as well as County, State and Federal COVID-19 guidelines when participating in a District event. I further understand that as a parent/guardian, I fully assume all risks related in any way to COVID-19 for my students attendance or participation in District events, and hereby agrees to indemnify, defend, and hold harmless the district, its officers, employees, and agents (collectively "AUSD") from and against any and all injuries, losses or damages, costs, expenses, claims, lawsuits, judgments, and/or liabilities (including attorney fees) arising directly or indirectly from, or related in any way to, any claims made by or on behalf of any individual(s) for bodily injury, death, loss of use, monetary loss, or any other injury from or related to COVID-19. Users themselves also hereby release, waive and discharge any claims, demands, damages, expenses, losses or liabilities (including attorney fees) against AUSD for any injury, illness, death or monetary loss relating in any way to COVID-19 in connection with participation in this event.

I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/guardian's name (please print first name and last name): JENNIFER KELLY

Parent's/guardian's cell phone #: 510-593-9016

Parent's/guardian's work phone #: _____

Parent's guardian's home phone #: _____

Parent's guardian's email address: kellytramel@yahoo.com

Medical Insurance Carrier: KAISER

Medical Policy #: _____

Emergency contact's name (please print first name and last name): JOHN TRAMEL

Emergency contact's cell phone #: 510-593-9010

Parent's/guardian's name (please print first name and last name): JOHN TRAMEL

Parent's/guardian's signature: John Tramel Date: 1-23-23

Parent's/guardian's signature reflects their knowledge and approval of the field trip described above. This form must be returned to the school before the student can participate in the activity.

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Student Voluntary Waiver, Release, and Indemnity Agreement
(form is required to be completed for Out of State/Out of Country Field Trips)

(read carefully before signing)

I, JOHN TRAMEL, hereby affirm that I have voluntarily enrolled "the student,"
(parent's/guardian's first name and last name)

CADENCE TRAMEL in National High School Model U.N.:
(student's first name and last name) (description of field trip)

conducted from 3/8/2023 through 3/13/2023 by ETHS Model UN: in
(name of company conducting trip)

New York.
(location)

Mode of Transportation (District Approved)

☐ The student will use the District approved transportation by airplane, chartered bus, commercial transport (city bus/BART/ferry/etc.), district vehicle and/or private vehicle.

Mode of Transportation (Privately Arranged by Parent/Guardian)

☐ The student will not use the District approved transportation. The student's parent/guardian will be providing the student's transportation.

(Transportation to/from this event is on your own. The District shall NOT be responsible for and shall NOT assume liability for any injury or loss which may result from such non-District provided transportation.)

I certify that I am cognizant of all the inherent dangers associated with the student's participation in this program including but not limited to accidents, illness, civil and/or international strife, terrorism, breaches of airport and/or airline security, and any other harm, injury, illness or damage which may befall the student. I also understand that neither the Alameda Unified School District ("the District"), the members of its Board of Education, its officers, employees, instructors nor any of its agents serve as guardians or insurers of the student's safety. In the event of illness or injury, I 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 a member of the medical staff of the hospital or facility furnishing medical or dental services as deemed necessary for the student's safety and welfare. It is understood that the resulting expenses will be the responsibility of the participant.

I further acknowledge and understand that participation in the trip by the student is not an educational requirement for any course of study which the student is presently pursuing or may pursue in the future.

As stated in California Education Code Section 35330, I understand that I waive all claims against the District, its officers, agents, volunteers, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the District, its officers, agents, volunteers, or employees.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the

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I fully understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.

Parent's/Guardian's signature: _____

John Z...

Date: _____

1-23-23