

The Maggie L. Walker Governor's School for Government & International Studies

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PROCEDURES RELATED TO INTERNATIONAL TRAVEL

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**Maggie L. Walker Governor's School
For
Government & International Studies**

**Procedures Related to
INTERNATIONAL TRAVEL**

Guidelines:

The purpose of the international travel procedures is to ensure the health and safety of students, faculty, and chaperones during international travel under the auspices of Maggie Walker Governor's School for Government and International Studies.

All Maggie L. Walker Governor's School (MLWGS) sponsored international travel must be approved by the Director of the school prior to travel.

Faculty or staff members who take students abroad shall insure that each student under their supervision provides all of the necessary travel documents at least three weeks prior to travel. **Any student who fails to produce the necessary paperwork within the time frame stated will immediately be barred from travel with the possible forfeiture of any previous down payment.**

1. Insurance Coverage. All students traveling abroad must be covered by health insurance for the duration of their travel. The policy shall include coverage of illness and accidents, with no declination for pre-existing medical problems. If a student is not adequately insured, travel rights for said student will be revoked, with the possible forfeiture of any previous down payment.
2. Student Health Information Form. This confidential form requires disclosure of health and/or disability information; grants permission to MLWGS to contact specified person(s) in the event of illness or emergency, and authorizes the provision of medical treatment overseas under emergency conditions.
3. Consent to Release Information Form. This form authorizes MLWGS to contact a student's family to discuss personal matters, including financial and medical issues, in the event of illness or emergency.
4. Agreement and Release Form. This form includes a waiver of liability and statement of student responsibilities while abroad.
5. Travel Warnings: The school personnel conducting the trip must verify with the USA State Department the nature of any travel alerts for all countries to be visited during the duration of the trip. This verification must be submitted with the original request for approval. A follow-up check must be conducted and verification submitted to the Director no sooner than 48 hours prior to departure from the USA. Overseas travel to countries or areas where a U.S. Department of State Warning is in effect will not be approved by the Director. Travel warnings for individual countries and announcements for particular regions are available at: <http://travel.state.gov/travel/warnings.html>. It is necessary to provide evidence (which can be electronic) of registration with the State Department identifying the countries where travel will occur. See <https://travelregistration.state.gov/ibrs/ui/>. Health information from the U.S. Centers for Disease Control on specific destinations is available at <http://www.cdc.gov/travel/>. As well as the World Health Organization at <http://www.who.int/ith/> and the U. S. Department of Agriculture <http://www.aphis.usda.gov/travel/>
6. Maggie Walker Governor's School maintains a travel policy (currently with ACE) which covers all staff and students that participate in a school sponsored out of country trip. **This is not travel insurance, trip insurance or health insurance.** This is a supplemental policy that provides travel assistance for emergencies. See below for an overview of services.

When Persons Covered under your ACE Policy Travel or Temporarily Are Assigned Outside Their Home Country

Executive Assistance Services Around the Clock Protection

Your International Advantage® Package Policy or Controlled Master Program includes ACE Executive Assistance® Services, at no additional premium.

A benefit that complements the International Advantage® Package Policy or Controlled Master Program coverage plan, Executive Assistance® Services are designed to provide your covered employees, volunteers, students and chaperones, who travel outside their home country on covered trips, with

- e-Services that include pre-trip security, health and travel information
- Live Services while they are traveling that include 24 hour access to global providers of emergency medical, personal, legal and travel services, emergency medical and political evacuation or repatriation, and concierge services

Through pre-eminent global service providers, ACE has created a unique and proprietary combination of online and live services designed to address emergencies faced by those who travel outside their home country on business, with non-profit organizations or as part of educational institution programs. Executive Assistance® Services are a key component of the international risk management solutions ACE delivers to our customers.

Executive Assistance® **identification (“ID”) cards and Passport Stickers are available online to ACE Policyholders and their covered employees, volunteers, students and chaperones** through www.aceExecutiveAssistance.com, as PDF documents that can be downloaded and printed at the convenience of ACE policyholders as frequently as needed.



MLWGS PROCEDURES *Related to* **INTERNATIONAL TRAVEL**

STEP 1 - (Four months prior to departure)

- Before a school group **may begin** to develop a proposal for an international trip, the approval of the appropriate Department Chairperson, Associate Director, Assistant Director, and the Director is required. Written requests to begin program development must be submitted at least four months prior to departure.
- A written request for approval by the appropriate Department Chair, Associate Director, and the Director must be submitted and approved. **(MLWGS IT-1 Form)**
- School personnel conducting trips during contract time must apply for administrative leave through their Department Chairperson, Associate Director, Assistant Director, and to the Director. Leave requests must be submitted simultaneously with the request for approval for the trip (at least four months prior to departure).

STEP 2 - (Three months prior to departure) (MLWGS IT-2A Form)

- A completed proposal must be submitted through the appropriate Department Chairperson, the Associate Director, and the Assistant Director to the Director. Such requests must be accompanied by full information about the program, including:
 - credentials of organizations or individuals involved
 - costs and fund-raising
 - Approval must be obtained before raising funds or publicizing a program
 - itineraries
 - insurance and related information
- The school personnel conducting the trip must verify with the USA State Department the nature of any travel alerts for all countries to be visited during the duration of the trip. This verification must be submitted with the original request for approval.

STEP 3 – (Two months prior to departure)

- Develop a pre-travel plan that includes an outline and plan for orientation sessions for students and parents. The pre-travel phase will include a detailed orientation of health and safety issues.
- Each international trip participant must show evidence of accident or medical insurance coverage for the period of the program.
- Every precaution will be taken to ensure the safety of our students. Hotels, host families, and destinations are chosen carefully. For each city visited, there will be a database of reliable medical facilities where English is spoken and high-quality care is provided. Students will be watched carefully throughout the trip for signs of medical or bodily danger.

STEP 4 – (Two weeks prior to departure) (MLWGS IT-2B Form)

- The school personnel conducting the trip must verify with the USA State Department the nature of any travel alerts for all countries to be visited during the duration of the trip. This verification must be submitted for final approval

STEP 5 – (Forty-eight hours prior to departure)

- A follow-up check must be conducted and verification submitted to the Director no sooner than 48 hours prior to departure from the USA. **(MLWGS IT-2C Form)**



GUIDELINES FOR APPRAISAL OF INTERNATIONAL TRAVEL

1. The agency arranging the travel or any other sponsoring organization is identified explicitly, along with its address. The agency bearing legal responsibility, if different from the sponsoring organization, is clearly indicated. It is important that parents know precisely with whom to deal should difficulties arise.
2. Specific objectives of the program are clearly stated. The program itself needs to be carefully examined to see how consistent it is with stated objectives.
3. Chaperones and/or teacher are selected on the basis of their professional qualifications for a particular assignment. Staff selection does not depend on recruitment of students by potential staff members. Adults traveling and working with students overseas need specific, relatively uncommon skills, understandings, and competencies for working with young people in an informal setting.
4. Students are carefully screened and selected on the basis of their particular appropriateness for the trip. Review includes the student's academic record, emotional stability and maturity, and suitability of age for the particular group.
5. Promotional materials for the trip clearly detail provisions and arrangements for coping with illnesses, accidents, and other unusual circumstances. Requirements for health and travel insurance are carefully detailed. Additional costs, for which the parents may be responsible, should their children have to return before the end of the tour, are explicitly stated.
6. Opportunity is provided for parents, students, and MLWGS teachers to contact people who have previously participated in a trip provided by the Travel Company or other sponsoring organization for their reactions and appraisals.
7. The financial stability of the Travel Company or sponsoring organization other than MLWGS, its general reputation, and adequacy of insurance provided have been determined.
8. The following forms must be collected from each student and their parents:
 - a. Travel Application (MLWGS IT-3 Form)
 - b. Emergency Contact Information (MLWGS IT-4 Form)
 - c. Student Health Information (MLWGS IT-5 Form)
 - d. Consent to Administer Prescription Medication (MLWGS IT-6 Form)
 - e. Proof of Insurance (MLWGS IT-7 Form)
 - f. Luggage Search Permission (MLWGS IT-8 Form)
 - g. Housing Preference (MLWGS IT-9 Form) if needed
 - h. General Release from Liability (MLWGS IT-10)

(Please provide as much detailed information as possible. Submit at least four months in advance)

DESTINATION(S):

BRIEF DESCRIPTION/OVERVIEW OF THE TRIP:

WHAT ARE THE EDUCATIONAL VALUES AND LEARNING OPPORTUNITIES OF THE TRIP?

PERSON RESPONSIBLE FOR OVERALL TRIP SUPERVISION:

Name _____

Address _____

Telephone Home: _____ Work: _____ Cell: _____

Department Chair's Pre-Approval:

Signature

Date

Associate Director's Pre-Approval:

Signature

Date

Assistant Director's Pre-Approval:

Signature

Date

Director's Pre-Approval:

Signature

Date



PART I

(Please provide as much detailed information as possible. Submit at least three months in advance)

Destination(s) _____

Brief Description/Overview of the trip. _____

Minimum number of students needed

Maximum number of students

Who are the participants: _____

Person responsible for overall trip supervision:

Name _____

Address _____

Telephone Home: _____ Work: _____ Cell: _____

Names of other MLWGS staff members supervising and chaperoning:

Names of other chaperones participating

Time, date, and place of return _____

Mode of transportation to be used (specify company)

Purpose of trip and its anticipated educational value:

Activities in Pre-Travel Phase:

Projected cost (breakdown):

Transportation: _____

Lodging: _____

Meals: _____

Other (Specify): _____

Other (Specify): _____

Other (Specify): _____

TOTAL: _____

Sources of revenue for trip, including amount to be paid by individual students, clubs, fund-raising, and/or other sources:

Student fees _____
Other (Specify) _____
Other (Specify) _____
Other (Specify) _____
Total _____

Itinerary, including names, addresses, and phone numbers for local contacts at visitation point(s)
(attachment required if space is insufficient):

City _____ Country _____

Local Contact _____
Address _____
Telephone _____
Status of State Department Alert _____

City _____ Country _____

Local Contact _____
Address _____
Telephone _____
Status of State Department Alert _____

City _____ Country _____

Local Contact _____
Address _____
Telephone _____
Status of State Department Alert _____

City _____ Country _____

Local Contact _____
Address _____
Telephone _____
Status of State Department Alert _____

City _____ Country _____

Local Contact _____
Address _____
Telephone _____
Status of State Department Alert _____

Name of commercial transportation carrier _____

Contact person or agent _____

Address

Telephone

Amount of coverage _____
(Carrier must have a minimum liability insurance limit of \$5,000,000 per occurrence, bodily injury and property damage combined.)

Local person to be contacted for special information, such as delay in time of

return: Name _____

Address _____

Title _____

Telephone _____

Department Chair's Pre-Approval:

Signature

Date

Associate Director's Pre-Approval:

Signature

Date

Assistant Director's Pre-Approval:

Signature

Date

Director's Pre-Approval:

Signature

Date



PART II

(Submit the following materials at least two weeks prior to departure)

1. An alphabetical list of students participating.

2. For each student, the following information:
 - a. Medical insurance coverage for the period of the program.
 - b. Emergency care information.
 - c. Parental Permission forms.
 - d. Photocopy of passport.

3. Plan for coverage of classes missed by teachers going on trip.

4. For each adult supervising or chaperoning, the following information:
 - a. Medical insurance coverage for the period of the program.
 - b. Emergency care information.
 - c. Photocopy of passport .

5. Any changes to information submitted in **Part I** of the proposal.

- All of the above listed materials have been received.

Department Chair's Approval:

Signature

Date

Associate Director's Approval:

Signature

Date

Assistant Director's Approval:

Signature

Date

Director's Approval:

Signature

Date

MAGGIE L. WALKER GOVERNOR'S SCHOOL

PROPOSAL FOR INTERNATIONAL TRAVEL

MLWGS IT-2C Form

PART III
(Submit 48 hours prior to departure)

1. Any changes to information submitted in **Part II** of the proposal.

2. State Department alerts for each country to be visited.

Name: _____ (provide attachment)

Director's Action: Approved _____ Disapproved _____

Signature

Date



IN CASE OF EMERGENCY, PLEASE CONTACT (OTHER THAN PARENTS)

Student's name: _____

Parents' names: (1) _____
(2) _____

Parents' respective address(es):
(1) _____
(2) _____

Parents' respective emails:
(1) _____
(2) _____

Parents' respective home phone(s):
(1) _____
(2) _____

Parents' respective work phone(s):
(1) _____
Best hours/days to call this location:
(2) _____
Best hours/days to call this location:

Parents' respective cell phone(s):
(1) _____
(2) _____

Contact info (location, address, phone, dates) for any time period parents will be away from homework during travel dates:



Name: _____
Last First Middle

Program: _____
Location Abroad

To the Participant: Complete this form and review it with your physician during your physical examination. The information provided by you and your physician(s) will remain confidential. **Attach additional letter if needed.**

1. Are you in generally good physical condition? () Yes () No (If no, explain)
2. Have you ever been, or are you currently being treated for any psychological or emotional problems? () Yes () No (If yes, have your physician or counselor attach a note of explanation)
3. Do you have any other on-going emotional or physical conditions (including eating disorders) that might require treatment abroad, or that might be exacerbated by the stress caused by changes in culture, climate, diet or exercise? () Yes () No (If yes, list and indicate recommended treatment)
4. Do you have any allergies, reactions to medications and/or dietary restrictions? () Yes () No (If yes, explain)
5. Are you currently taking any medications? () Yes () No (If yes, list the generic name of any medication, dose, and ailment) (Please complete an Authorized/Parental Consent for Administering Prescription Medication" form for each medication included on your list.
6. Have you had any major injuries, diseases, or ailments in the last five years? () Yes () No (If yes, explain)
7. **Do you have any diet, physical, or other limitations that need to be considered during the travel program?** () YES () NO If yes, please give a detailed explanation below.

FAILURE TO DISCLOSE HEALTH INFORMATION MAY RESULT IN REMOVAL FROM THE STUDY/TRAVEL PROGRAM. THIS INFORMATION IS REQUIRED FOR TRAVEL PURPOSES ONLY AND WILL NOT BECOME A PART OF THE STUDENT'S PERMANENT RECORD.

Signature of Student Date

Signature of Parent/Guardian Date

AUTHORIZATION/PARENTAL CONSENT FOR ADMINISTERING PRESCRIPTION MEDICATIONS (use a separate authorization for each medication. Copy and complete as necessary).

I am the parent or guardian of _____ . I give my permission for him/her to take the following prescribed medication while participating in the Governor's School Study/Travel Program. I hereby release Maggie L. Walker Governor's School for Government & International Studies and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless of any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the licensed prescriber.

Parent/Guardian _____

Daytime Phone _____

Date _____

**MEDICATION AUTHORIZATION
(FOR USE BY LICENSED PRESCRIBER ONLY)**

Relevant Diagnosis: _____

Medication: _____

Dates medication must be administered at school/trip _____ Short Term (list dates to be given) _____

____ Every day

____ Episodic/Emergency Events **ONLY**

Dosage (Amount): _____ Route: _____ Form: _____ Time(s) of day: _____

A. Can serious reactions occur if the medication is not given as prescribed? If YES, please describe:

B. Do serious reactions/adverse side effects from this medication occur? If YES, please describe:

C. Action treatment for reactions: _____

Report to you? _____ YES _____ NO (Drug information sheet may be attached)

Special handling instructions: _____ Refrigeration _____ Keep out of sunlight _____ Other _____

Asthmatic/Diabetic ONLY

This student is both capable and responsible for self-administering this medication:

_____ NO _____ YES – supervised _____ YES – unsupervised

This student may carry this medication: _____ YES _____ NO

Licensed prescriber's name: _____

Telephone number: _____ Emergency number: _____

Signature: _____ Date: _____



Name: _____
Last First Middle

Program: _____
Location Abroad

Date of Birth: _____ Sex: _____

Date of Departure: _____ Date of Return: _____

Health and accident insurance is required of all MLWGS international travel participants while overseas. Such a policy should minimally include basic medical and accidental death and dismemberment coverage. Medical evacuation and repatriation coverage is also recommended. Should the travel participant not have coverage on their own, it is recommended that they purchase the international travel insurance offered by the tour company. The coverage should be in effect for the entire period away from home. Those who travel without the recommended insurance coverage travel at their own risk. MLWGS is in no way or under any circumstance responsible for any expense incurred as a result of accidental death, dismemberment, or medical evacuation and repatriation to home. These costs, completely, are the responsibility of the international travel participant.

Name of Insurance Company: _____

Address of Insurance Company: _____

Insurance Company Phone Number: _____

Name of Policy Holder: _____

Policy Holder Date of Birth: _____

Policy Number: _____ Group Number: _____

___ I have included a copy of the front and back of the insurance card, showing the name of the covered student.

___ I elect to take the insurance coverage offered by the tour company.

___ I choose to opt out of the insurance coverage offered by the tour company, and do not possess the recommended insurance coverage, and are aware that any costs incurred by the travel participant are wholly and completely the responsibility of the travel participant and his/her family, and release MLWGS of all liability associated with said costs should they be incurred.

I certify that all responses made on this form are true and accurate.

Participant's Signature _____ Date _____

Parent/Guardian's Signature (required if participant is under 18 years of age) _____ Date _____



NOTE: No student will be allowed to participate in the school activity schedule for departure on _____ unless PART I or PART II below is completed and signed by the appropriate person.

PART I

I, the undersigned, give my consent to officials of Maggie L. Walker Governor's School for Government & International Studies and their official designated representatives for an exploratory search of the luggage of (name of student) _____ in connection with the school activity scheduled for the above date. Also, I give my consent for any search, deemed advisable, of my child's lodgings while on this trip.

Signature of Parent or Guardian

Date

**PART II
INTENT TO DELIVER BAGGAGE AND CERTIFICATION OF CONTENTS**

I _____, the undersigned parent/guardian, intend to deliver the bags or baggage of my child _____, to the departure point for the school activity scheduled for the above date. By delivering such bags, I certify that I have checked the contents of the baggage and that the baggage does not contain any illegal or prohibited items. Also, I give my consent for any search, deemed advisable, of my child's lodgings while on this trip.

Signature of Parent or Guardian

Date



MLWGS Housing Preference Form

(if applicable)

Full Name: _____

Age: _____

Birthdate: _____

Do you have any particular food preferences or needs? Are you a vegetarian/vegan? Do you keep Kosher? Are you lactose-intolerant? Of course, you'll encounter unfamiliar foods, but what are your key food-related needs? __

What allergies should your hosts be aware of? Include all foods, pets, cigarette smoke (we'll try to avoid smokers) and anything else you may encounter? _____

Do you have any other housing preferences (e.g., musical instruments, brothers/sisters, etc.)? You may be housed alone (that is, not with another American) with your Russian hosts, but it is possible that you'll be paired with a fellow American. If you have a preference in this area, please indicate it here. Please note: We cannot promise to accommodate all preferences, but we'll do our best.



**MAGGIE L. WALKER GOVERNOR'S SCHOOL
INTERNATIONAL TRAVEL PROGRAM: STUDENT EXPECTATIONS
AND GENERAL RELEASE FROM LIABILITY**

**Policy Approved by the Regional Board 6/6/2005 – Amended 1/6/2011, 3/17/2016 & 9/14/2017
or all international travel, including International Field Study (IFS) classes, exchanges, or other trips**

Travel Destination: _____

Travel Dates _____

I, _____, a student (the “**Student**”) at the Maggie L. Walker Governor's School for Government and International Studies (“**MLWGS**”), and _____, my parent(s) and/or guardian(s) (the “**Parent/Guardian**”), understand, acknowledge, and agree to the following:

1. That participation in the MLWGS International Travel Program (the “**Program**”) is not required as part of the Student’s academic or other responsibilities at MLWGS and the Student’s participation in the Program is voluntary and solely for the Student’s benefit;
2. That the MLWGS Instructor/Agent* (the “**Instructor/Agent**”) will, in the event of an accident or illness, use his or her discretion to attempt to arrange for adequate medical treatment of the Student. 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 from a licensed dentist, physician and/or surgeon as deemed necessary for the Student’s safety and welfare. It is understood that the resulting expenses will be the responsibility of the Parent/Guardian and not MLWGS or the Instructor/Agent;
3. That the Student and Parent/Guardian releases MLWGS, its administration, instructors, and agents from, and holds each of them harmless against and indemnify them for any and all claims, demands, costs, charges, and expenses for any harm, injury, accident, illness, death, damage or loss of any nature whatsoever, including, but not limited to accident, delay, unusual circumstances or expenses due to strikes, war, weather, illness, quarantine, government restrictions or regulations, improper documentation or due to any act or omission of airlines, railroad or bus companies, transportation in general, hotels, restaurants, or any other service offered by companies, individuals, or agencies, which may be sustained by me/my child as a result of or relating to participation in the Program;
4. That the Instructor, MLWGS employees, and agents shall have full authority to take whatever action deemed necessary to safeguard the health, safety, and well-being of the Student, including, but not limited to, medical treatment, search of person, luggage and/or lodging, and termination of Student’s participation for inappropriate behavior with all costs covered by the Parent/Guardian;
5. That Student failure to obey the laws of the sites of the trip, the laws of Virginia and the MLWGS Standards for Student Conduct, including, but not limited to, those prohibiting the possession, use, or distribution of drugs, alcohol, or tobacco (even in countries where such possession, use, or distribution is permissible by law), will mean termination of participation in the program with NO REFUNDS, the Parent/Guardian agreeing to cover all resultant expenses to return the Student home and the discipline of the Student;
6. That the Student and Parent/Guardian understand that the Student must not violate the laws of the country being visited;
7. That MLWGS reserves the rights to alter the itinerary and to adjust costs and cancellation fees to reflect changes of any sort beyond the control of MLWGS (i.e. changes in exchange rates and airline costs) and to cancel programs due to insufficient participation or to other circumstances beyond its control (i.e. world unrest);
8. That MLWGS has permission to take, process and use photographs of the Student in any way deemed desirable by MLWGS;
9. That it is the Student’s responsibility to request and acquire, well in advance of departure, proper passports, visas, re-entry papers, and any other documents required;
10. THAT THE PARENT(S) WILL ACQUIRE HEALTH/MEDICAL INSURANCE FOR THIS TRIP, PROVIDE A COPY OF INSURANCE CARD AND A COPY OF ADDENDUM TO POLICY SHOWING COVERAGE FOR INTERNATIONAL TRAVEL TO MLWGS STAFF;
11. That Student violation of any MLWGS behavioral expectations will result in the consequences specified in the MLWGS Student Handbook and the Students who violate these standards are subject to being returned home immediately at the expense of the Parent/Guardian with credit for the course withdrawn, if applicable; and
12. That the Student and Parent/Guardian attend a mandatory meeting at which the MLWGS Director explains the terms stated in the “Student Expectations and General Release from Liability” form prior to the student and parent/guardian signing this form that allows the Student to take part in the MLWGS Travel Program.

By my signature below, I certify that I have read this document and all the other information regarding this program and that I agree to the general conditions for participation. I accept the payment schedule, cancellation policy, and grant permission for my child to participate. (Must be signed by **both** parents/guardians)

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

By my signature below, I certify that I have read this document and all of the other information regarding this program and that I agree to the general conditions for participation. I accept the payment schedule and the cancellation policy.

Signature of Student _____ Date _____

***NOTE: Agent is defined to include sponsors, coaches, and official chaperones.**

Procedure No. 1070