

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

1000 N. Lombardy St., Richmond, VA 23220  
Phone: 804-354-6800 Fax 804-354-6939



## 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.**

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.

1. 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.
2. 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.
3. Agreement and Release Form. This form includes a waiver of liability and statement of student responsibilities while abroad.
4. 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 (Bureau of Consulate Affairs) identifying the countries where travel will occur using <https://step.state.gov>. 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/>
5. Sponsors shall provide a list of contacts to students, parents, and chaperones for in-country services that can be used in the event of an emergency, including but not limited to, the American Embassy, Consulate and Diplomatic Missions (if applicable). See [www.usembassy.gov](http://www.usembassy.gov).
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](http://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, an 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, and Assistant Director, and the Director must be submitted and approved.
- School personnel conducting trips during contract time must apply for administrative leave through their Department Chairperson, an 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)**

- A completed proposal must be submitted through the appropriate Department Chairperson, and 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)**

- 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.



## **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
  - b. Emergency Contact Information
  - c. Student Health Information
  - d. Consent to Administer Prescription Medication
  - e. Proof of Insurance
  - f. Luggage Search Permission
  - g. Housing Preference if needed
  - h. General Release from Liability



### PROPOSAL FOR INTERNATIONAL TRAVEL

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

**Destination(s) and date(s):**

**Brief description/overview of this trip:**

**What are the educational values and learning objectives of this trip:**

<b>Person Responsible for Trip Supervision:</b>	<b>Work Telephone Number + Extension:</b>
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PRE-APPROVALS: SIGNATURE & DATE	
Department Chair:	
Assistant Director:	
Assistant Director:	
Director:	



**PART I - PROPOSAL FOR INTERNATIONAL TRAVEL**

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

**Destination(s):**

<b>Minimum number of students needed:</b>	<b>Maximum number of students:</b>
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**Who are the participants:**

<b>Person Responsible for Trip Supervision:</b>	<b>Work Telephone Number + Extension:</b>
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**Names of other MLWGS staff members supervising and chaperoning:**

**Name(s) of other chaperones participating:**

<b>Date, time &amp; place of departure:</b>	<b>Date, time &amp; place of return:</b>
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**Mode of transportation to be used (specify company):**

**Activities in pre-travel phase:**

<b>Transportation</b>	<b>Lodging</b>	<b>Meals</b>	<b>Other</b>	<b>Total Projected Costs</b>





**PART I CONTINUED**

**Sources of revenue for trip**, including amount to be paid by individual students, clubs, fundraising, 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) (attached required if space is insufficient):

<b>City:</b>	Country:
Local Contact:	Address:
Telephone:	Status of State Dept. Alert:
<b>City:</b>	Country:
Local Contact:	Address:
Telephone:	Status of State Dept. Alert:
<b>City:</b>	Country:
Local Contact:	Address:
Telephone:	Status of State Dept. Alert:
<b>City:</b>	Country:
Local Contact:	Address:
Telephone:	Status of State Dept. Alert:
<b>City:</b>	Country:
Local Contact:	Address:
Telephone:	Status of State Dept. Alert:



**PART I CONTINUED**

<b>Name of commercial transportation carrier:</b>	Contact person or agent:
Address:	Telephone:
Amount of Insurance Coverage (carrier must have a minimum liability limit of \$5,000,000 per occurrence, bodily injury and property damage combined)	Amounts here:

<b>Local person to be contacted for special information, such as delay in time of return:</b>	Name:
Telephone:	Title:
Address:	

<b>APPROVALS: SIGNATURE &amp; DATE</b>	
Department Chair:	
Assistant Director:	
Assistant Director:	
Director:	



**PART II – PROPOSAL FOR INTERNATIONAL TRAVEL**

Submit the following materials at least **two weeks** prior to departure.

**Destination(s) and date(s):**

1. **Attach** an alphabetical list of students participating.
  
2. Include for each student, the following information:
  - Medical insurance coverage for the period of travel/program.
  - Emergency care information.
  - Parental Permission forms.
  - Photocopy of passport.
  
3. **Attach** the plan for coverage of classes missed by teachers going on trip.
  
4. For each adult supervising or chaperoning, **attach** the following information:
  - Medical insurance coverage for the period of travel/program.
  - Emergency care information.
  - Photocopy of passport.
  
5. **Attach** any changes to information submitted in **Part I** of the proposal.

<b>ALL OF THE ABOVE LISTED MATERIALS HAVE BEEN RECEIVED APPROVALS: SIGNATURE &amp; DATE</b>
Department Chair:
Assistant Director:
Assistant Director:
Director:



**PART III – PROPOSAL FOR INTERNATIONAL TRAVEL**

Submit **48 hours** prior to departure.

**Destination(s) and date(s):**

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

**State Department alerts for each country to be visited:**

Name: \_\_\_\_\_ Provide attachment

Name: \_\_\_\_\_ Provide attachment

Name: \_\_\_\_\_ Provide attachment

Name: \_\_\_\_\_ Provide attachment

<b>Director's Action (check and sign appropriate box):</b>		
Approve:	Disapproved:	

**Signature and Date:**



Complete in ink (preferably in black)

Name of Study/Travel Program: \_\_\_\_\_

Instructor(s)/Coordinator: \_\_\_\_\_

Full legal name of student: \_\_\_\_\_

Have you ever had another legal name? If so, what was it, and during what time period was this your name? \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Home Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Day Month Year

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Are you a U.S. citizen? (Check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, indicate citizenship: \_\_\_\_\_

If yes, do you have a U.S. passport? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your passport number? \_\_\_\_\_

Date passport issued? \_\_\_\_\_ When does it expire? \_\_\_\_\_

Have you ever had a passport lost or stolen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has any country other than the USA ever issued you a passport? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which country or countries? \_\_\_\_\_

Where were you born (city, state, country)? \_\_\_\_\_

Full legal names of your father and mother:

Father: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Mother: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Your mailing address & home phone: \_\_\_\_\_

Best e-mail addresses to reach you:

a. student: \_\_\_\_\_

b. parent #1: \_\_\_\_\_

c. parent #2: \_\_\_\_\_

Have you ever been arrested for or convicted of any offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Will any of your relatives be living in or visiting our destination while you're there? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who? \_\_\_\_\_ Their relation to you? \_\_\_\_\_

Their address: \_\_\_\_\_

Complete list of previous international travel experience:

Where?	Year? How long were you there?	Purpose? (eg. study? tourism?)
_____	_____	_____
_____	_____	_____

Which languages have you studied?

Which languages? \_\_\_\_\_ How long? \_\_\_\_\_ Context? (eg. school? family?) Skills (reading, writing, speaking)? \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please submit this application by \_\_\_\_\_.\*



**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 and cell 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:*  
\_\_\_\_\_

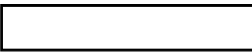
Contact info (location, address, phone, dates) for any time period parents will be away from homework during travel dates:

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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 \_\_\_\_\_

**PARENTAL CONSENT FOR ADMINISTERING MEDICATION: STUDENT NAME:**

**Name & Signature:**

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: \_\_\_\_\_





[Empty box]

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



MAGGIE L. WALKER GOV SCHOOL

HOUSING PREFERENCE

**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?

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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?

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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 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.

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**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 Dates (see cover of Procedure)  
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. IN THE EVENT THAT THE STUDENT IS UNABLE TO RETURN TO THE UNITED STATES WITH THE GROUP DUE TO ANY CIRCUMSTANCE INCLUDING, BUT NOT LIMITED TO, MEDICAL CONDITION OR ILLNESS, IMMIGRATION STATUS, OR CRIMINAL REASONS, THE PARENT OF THE STUDENT MUST ARRANGE TO TAKE CUSTODY OF THE STUDENT WITHIN 72 HOURS OF NOTIFICATION AND RELEASES THE SCHOOL AND SCHOOL PERSONNEL FROM ALL RESPONSIBILITY FOR THE STUDENT. ALL EXPENSES INCURRED AS A RESULT OF THE STUDENT BEING UNABLE TO TRAVEL BACK WITH THE GROUP WILL BE THE RESPONSIBILITY OF THE PARENT.
12. 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
13. 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.**

