

Procedures for International Travel



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Non-School-Sponsored International Travel	see Procedure 1071

Purpose

These procedures are intended to ensure the health and safety of students, faculty, and chaperones during international travel under the auspices of the Maggie L. Walker Governor's School (MLWGS). As a school for international studies and government, travel abroad plays a critical role in educating our students.

“Experience and travel; these are education within themselves.” -Euripides

Steps

STEP 1- Preliminary Request

- At least six months prior to the trip, the sponsor must complete the preliminary request and obtain the approvals of their department chair, both Assistant Directors, and the Director.
- If the trip impacts instructional time, pre-approval for school-based leave (SBL) should be obtained.

STEP 2- Detailed Proposal

- At least five months prior to the trip, a written detailed proposal must be submitted through the appropriate Department Chairperson and the Cluster Admin, to the Director. Such requests must be accompanied by full information about the program including:
 - Information and credentials of the individual or the company organizing the trip
 - A plan for informational meetings and orientations
 - Projected costs and potential revenue sources
 - Information on insurance carrier and coverages
- The school personnel conducting the trip must do a cursory verification for any travel alerts with the US State Department for all countries to be visited.
- This detailed proposal will be presented to the regional school board for review. The approval of the board can take as much as two months.

STEP 3- Pre-Travel Plan

- At least two months prior to the trip, a pre-travel plan must be submitted through the appropriate Department Chairperson and the Cluster Admin, to the Director. This includes a roster of participants, all student forms, photocopies of passports, and information on all chaperones.
- This phase also allows sponsors to submit any changes to their detailed proposal.
- The submission should also include information on local contacts and a cursory review of the US State Department's status for each country visited.
- Leave requests must be submitted simultaneously with Step 3.

STEP 4- US State Department Check

- Two weeks prior to the trip the school personnel conducting the trip must verify with the US 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.
- A follow-up check must be conducted no sooner than 48 hours prior to departure from the US.
- Lesson plans must be shared with the department chair simultaneously with Step 4.

Considerations for Sponsors

- It is important that parents know precisely with whom to deal should difficulties arise. The individual or company arranging the travel should be identified explicitly, along with contact information. The agency bearing legal responsibility, if different, must be clearly indicated.
- The specific objectives of the program will be carefully examined for alignment with MLWGS's mission.
- Sponsors will take every precaution to ensure the safety of our students. For each city visited, sponsors will create a list of reliable medical facilities where English is spoken, and high-quality care is provided. Students

must be watched carefully throughout the trip for signs of medical or bodily danger.

- Ideally, MLWGS faculty will serve as chaperones. Selection should be based on the impact the trip will have within the content areas of the teacher. Other chaperones may be recruited because of relatively uncommon skills, understandings, and competencies for working with young people in an international setting. Having at least one female and one male chaperone is ideal. The ratio of students to chaperones must be 6:1 or less.
- Students must be carefully screened and selected based on their appropriateness for the trip. This review includes the student's academic record, emotional stability and maturity, and suitability of age for the group.
- Materials at orientation meetings for the trip will clearly detail provisions and arrangements for coping with illnesses, accidents, and other unusual circumstances. Requirements for health and travel insurance must be carefully detailed. Additional costs, for which the parents may be responsible, should their children have to return before the end of the tour, must be explicitly stated.
- If possible, opportunities should be provided for parents, students, and MLWGS teachers to contact people who have previously participated in a recurring teacher led trip. Testimonials are also valuable.
- When using a travel company, consider its financial stability, its general reputation, and adequacy of the insurance provided.
- Sponsors will 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.

Required Student Forms Overview:

Any student who fails to produce the necessary paperwork within the time frame stated will immediately be barred from travel with the possible forfeit of any previous down payment. The following forms must be collected from each student and their parents:

1. Form 1- Travel Application & Emergency Contacts (Required)

This form provides basic identifying information, citizenship/passport status, experience in travel abroad and foreign languages, and a list of emergency contacts. The emergency contacts portion must be filled out as thoroughly as possible to ensure communication if student safety is in concern.

2. Form 2- Student Health & Insurance Information (Required)

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. All students traveling abroad must be covered by health insurance for the duration of their travel. This information must be always carried electronically or on paper by the chaperone during travel. If a student is not adequately insured, travel rights for said student will be revoked, with the possible forfeiture of any previous down payment. A supplemental **Parental Consent for Administering Medication (If applicable)** is optional.

3. Form 3- Luggage Search or Certification (Required)

This form allows for a parent to state their preferences for student luggage being taken on the trip. Parents can certify that their child's luggage has been searched prior to departure. *This is the school's preference.* Otherwise, parents can elect to have their student consent to a sponsor search of luggage prior to the trip. Regardless, the form allows a search of student lodgings during the trip if there is reasonable suspicion of contraband or substances.

4. Form 4- Student Expectations & General Release from Liability (Required)

This form includes a waiver of liability and statement of student responsibilities while abroad. It also details expected student behavior while traveling abroad. Please note provision 10 regarding medical insurance and provision 11 regarding the return of a student unable to return with the group.

STEP 1- Preliminary Request

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

Sponsor(s), Destination(s) and Date(s):

Brief description/overview of this trip:

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

Person Responsible for Trip Supervision:	Work Telephone Number + Extension:
Do you intend to use a travel company-Yes / No?	

PRE-APPROVALS: SIGNATURE & DATE	
Department Chair:	
Assistant Director:	Assistant Director:
Director:	Pre-approved for SBL:

STEP 2- Detailed Proposal

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

Person Responsible for Trip Supervision:	Work Telephone Number + Extension:
Destination(s):	
Tentative date, time & place of departure:	Tentative date, time & place of return:
Minimum number of students needed:	Maximum number of students:
Cluster admin & their contact # in case of a trip emergency:	
Names of other MLWGS staff members supervising and chaperoning:	
Name(s) and qualifications/skills of other chaperones participating:	
Is student participation limited to a certain class, a specific club/team, or a grade level? -Yes / No. If yes, explain:	
Modes of transportation to be used:	Are parents invited as paid in full participants-Yes / No Maximum number:
Informational meetings or orientations prior to the trip:	
Sources of revenue for the trip other than individual student fees (Ex. Foundation, sponsors, clubs, and fundraising):	
Is a tour company being used for this trip? Yes / No	
If yes:	If no, projected costs below:
Company:	Transportation:
Contact person:	Lodging:
Telephone #:	Meals:
Insurance coverage (Minimum liability limit of \$5M per occurrence, bodily injury and property damage combined)	
Included- Yes / No. If no, insurance cost:	Insurance cost:
Link for terms & conditions:	Link for terms & conditions:
Per student fee:	Other:
Overall total:	Overall total:
Projected subsidy:	Projected subsidy:
Projected total per student:	Projected total per student:
Tips/Incidentals/Optional Excursions:	Tips/Incidentals/Optional Excursions:

APPROVALS: SIGNATURE & DATE

Department Chair:
Cluster Admin:
Director:

Student Travel Application & Emergency Contacts (Form 1 of 4)

Name:

Program:

Sponsor:

Background

Have you ever had another legal name? Yes / No. If so, what was it, and for what period was this your name?		
Address (Street/ City/ State/ Zip):		
Home Phone:	Date of Birth (Day /Month/Year):	
Email:	Identify as: Male / Female/ Non-Binary	
Arrested or convicted of any offense? Yes / No. If yes, explain:		
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?	Contact Information:

Citizenship & Passport Status

Are you a US citizen? Yes / No	
If yes, do you have a US passport? Yes / No	If no, indicate citizenship:
If yes, passport number:	Has any country other than the USA ever issued you a passport? Yes / No
Date issued: Expiration:	If yes, which country or countries?
Have you ever had a passport lost or stolen? Yes / No	If yes, where were you born (city, country)?

Emergency Contacts

Father/Guardian 1	Name:	Cell or Work #:
Address if different:		Email:
		Home # if different:
Mother/Guardian 2	Name:	Cell or Work #:
Address if different:		Email:
		Home # if different:
Additional Contact 1	Name:	Cell or Work #:
Address if different:		Email:
		Home # if different:
Additional Contact 2	Name:	Cell or Work #:
Address if different:		Email:
		Home # if different:
Any period parents will be away from home or work during travel dates:		

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

Signature of Student:

Print:

Date:

Signature of Parent/Guardian:

Print:

Date:

Student Health & Insurance Information (Form 2 of 4)

Name:

Program:

Sponsor:

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 information if needed.

Are you in generally good physical condition? Yes / No. If no, explain:
Have you had any major injuries, diseases, or ailments in the last five years? Yes / No. If yes, explain:
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)
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:
Do you have any allergies, reactions to medications, and/or dietary restrictions? Yes / No. If yes, explain:
Do you have any physical or other limitations that need to be considered during for travel? Yes / No. If yes, explain:
Are you currently taking any medications? Yes / No. (If yes, please complete an Authorized/Parental Consent for Administering Prescription Medication” form for each medication)
<i>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.</i>

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 because of accidental death, dismemberment, or medical evacuation and repatriation to home. These costs, completely, are the responsibility of the international travel participant.

Insurance Company:	Insurance Company Phone #:
Name of Policy Holder:	Insurance Company Address:
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 certify that all responses made on this form are true and accurate.

Signature of Student:

Print:

Date:

Signature of Parent/Guardian:

Print:

Date:

Authorized Consent for Administering Medication (If applicable)

Name:

Program:

Sponsor:

Consent: I give my permission for my child 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.

Signature of Parent/Guardian:

Print:

Date:

Medical Authorization

(For use by licensed prescriber only)

Relevant Diagnosis:	Medication:
Dates medication must be administered at school/trip (check one): <input type="radio"/> Every day <input type="radio"/> Short Term (list dates to be given) <input type="radio"/> Episodic/Emergency Events ONLY	Dosage: Route: Form: Time(s) of day:
Can serious reactions occur if the medication is not given as prescribed? If yes, please describe:	Do serious reactions/adverse side effects from this medication occur? If yes, please describe:
Action treatment for reactions:	Report to you? Yes / No (Drug information sheet may be attached)
Special handling instructions (check one): <input type="radio"/> None <input type="radio"/> Refrigeration <input type="radio"/> Keep out of sunlight <input type="radio"/> Other:	This student is both capable and responsible for self-administering this medication (check one): <input type="radio"/> No <input type="radio"/> Yes – supervised <input type="radio"/> Yes – unsupervised This student may carry this medication- Yes / No

Licensed prescriber’s signature:

Print:

Date:

Office telephone number:

Emergency number:

Luggage Certification or Search (Form 3 of 4)

Name:

Program:

Sponsor:

Note: No student will be allowed to participate in the school activity schedule for departure unless Option I OR Option II below is selected and signed by the appropriate person. Option I is the school's preference.

Option I	Option II
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.	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 my child 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/Guardian: Print: _____ Date: _____	Signature of Parent/Guardian: Print: _____ Date: _____

Student Expectations and General Release from Liability (Form 4 of 4)

Name:

Program:

Sponsor:

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 (Note: Agent is defined to include sponsors, coaches, & chaperones)
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 _____

STEP 3- Pre-Travel Plan

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

Sponsor(s), Destination(s) and Date(s):

- ✓ **Attach** the following information for all students participating (Alpha-order):
 - Forms 1-4
 - Photocopy of passport
- ✓ **Submit your leave request** using school business leave as the absence code.
- ✓ **Attach** the following information for each adult chaperoning or participating:
 - Medical insurance coverage for the period of travel/program
 - Emergency care information
 - Photocopy of passport
- ✓ **Attach** any changes to information submitted in **STEP 2- Detailed Proposal**
- ✓ **Attach the itinerary.**
 - If possible, include names, addresses, and phone numbers for local contacts at stops.
 - Conduct a cursory verification of travel status for all countries being visited.
 - Attached additional information if space is insufficient.

City:	Country:	Status of State Dept. Alert:
Local Contact:		Telephone:
City:	Country:	Status of State Dept. Alert:
Local Contact:		Telephone:
City:	Country:	Status of State Dept. Alert:
Local Contact:		Telephone:
City:	Country:	Status of State Dept. Alert:
Local Contact:		Telephone:
City:	Country:	Status of State Dept. Alert:
Local Contact:		Telephone:

ALL OF THE ABOVE LISTED MATERIALS HAVE BEEN RECEIVED
APPROVALS: SIGNATURE & DATE
Department Chair:
Cluster Admin:
Director:

STEP 4- US State Department Check

Submit **2 weeks** prior to departure and rechecked **48 hours** prior to departure.

Sponsor(s), Destination(s) and Date(s):
Any changes to information submitted in Step 2 or 3:

Travel Warnings: School personnel conducting the trip must verify the nature of any travel alerts for all countries to be visited during the duration of the trip. A cursory verification with the US State Department was carried out in Step 3. In Step 4, a follow-up check must be conducted, and verification must be submitted to the Director 2 weeks prior to departure. A recheck is required 48 hours before departure. Overseas travel to countries or areas where a US 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 US 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 US 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 US Department of Agriculture <http://www.aphis.usda.gov/travel/>

State Department status for each county to be visited:	
Country: Status:	Country: Status:
Country: Status:	Country: Status:
Country: Status:	Country: Status:
Provide Attachments	

Sponsor’s Signature & Date:	Cluster Admin Signature & Date:
Director’s Signature & Date:	Approved: _____ Rejected: _____