Student Organization
Travel Policy

A/O 8/24/12
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Section 1: Overview and Definitions

What is Student Organization Travel?
John Carroll University Student Organization Travel is defined as any off-campus experience that is sponsored by a recognized John Carroll student organization. Such travel includes retreats, conferences, conventions, competitions, workshops, field trips, off-campus speakers/rallies and other such trips/events. The travel must be approved by the organization’s faculty/staff advisor and should support the mission of the organization.

What is a Recognized Student Organization?
A recognized student organization at John Carroll University is one that has had their application for recognition and constitution approved by the Student Union and has registered with the Office of Student Activities each semester.

Categories of Travel
There are two (2) categories of travel determined by the length of time off-campus and/or location.

1. One Day – Any travel in which students leave and return to campus on the same day (to a location more than 50 miles away from John Carroll one way).
2. Overnight – Any overnight travel for one or more nights requires the presence of the student organization’s faculty/staff advisor. In the event that the faculty/staff advisor is unable to travel with the organization, another faculty/staff member of the JCU community must take their place with the approval of the organization and the organization’s advisor. *Note: in order to support the mission of JCU, any group organizing overnight lodging at a hotel or motel as part of a university trip may not have co-ed rooms and must provide rooms for women only and men only for participants.

Failure to Comply
Failure to comply with these policies will result in revocation of travel funding for the entire organization for a length of time to be determined by the director of student activities and may result in conduct sanctions by the dean of students’ office.

Forms Needed

1. One Day – Turn in the following forms to the office of student activities the day before the trip:
   - Trip Information and Registration Form
   - Trip Roster
   (Take important phone numbers and blank Accident and Incident Reports)

2. Overnight – Turn in the following forms to the office of student activities at least 2 days before the trip:
   - Trip Information and Registration Form
   - Trip Roster
   - Trip Participant Emergency Contact Information
   - Statement of Participation
   - Health Information Statement – Self Disclosed Information
   (Take important phone numbers and blank Accident and Incident Reports)
**Section 2: Liability and Insurance**

John Carroll University carries many types of insurance. If a claim or suit is presented on account of wrongful death, personal injury, or property damage that asserts negligence on the part of the university, the university’s general liability insurance company will investigate and defend the university as necessary within the coverage terms and conditions.

Employees are covered by the general liability policy, but only for acts within the scope of their employment or while performing duties related to the conduct of JCU business.

Most claims against college and universities associated with field trips can be attributed to the following:

- Lack of planning
- Lack of supervision
- Failure to enforce policies or rules
- Failure to provide proper or well-maintained equipment
- An unsuitable site

Advisors and Travel Supervisors should take note of the following precautions:

- **Negligence** – Failure of one who owed a duty of care to another to fulfill that duty, resulting in injury to the party owed the duty of care. Negligence can occur both by doing something that a reasonable, prudent person would do in a particular situation or from failure to do what a reasonable, prudent person would do in a certain circumstance.

- **Duty and Risk** – Duty to “invites” (i.e. students) to discover and correct any unreasonably dangerous condition or to warn of its existence. Duty and risk liability usually takes into account that in certain situations potential dangers are obvious to all participants. Sponsorship of an activity (i.e. field trips, intercollegiate athletics) create a special relationship and heightens the obligation of college employees to supervise and prepare students for the foreseeable hazards that they might encounter during the field trip.

- **Duty to Warn/Educate Participants** – A duty to warn field trip participants of known hazards and prepare students for the foreseeable hazards they might encounter during the field trip. When faculty or staff is aware of conditions that may pose an unreasonable risk to a field trip participant, especially those hazards that may be unclear to a casual observer, there is greater potential for institutional liability.

- **Duty to Use Reasonable Care** – A duty to provide reasonably safe conditions for participation in a field trip. There is an obligation to provide a reasonably safe environment for students when field trip coordinators know or should have known of a potentially dangerous situation. Good judgment is required by all field trip organizers in exercising this responsibility to use reasonable care in planning and implementing a field trip.

- **Assumption of Risk** – In many situations students assume the obvious and inherent risks associated with field trip activity that cannot be eliminated by the exercise of reasonable care. The student is required to act responsibly and not be negligent.
What Can I Do to Minimize Travel Risks and Liability?
It is impossible to eliminate all risks entirely. However, advance planning can help minimize the exposures to organization members/advisors and John Carroll University. The following information is designed to serve as a guide to assist JCU student organizations in making a reasonable effort to ensure a safe educational experience for students participating in field trips under their guidance (Also see Appendix 1 for a “Checklist for Planning a Field Trip.”)

What Do I Do if an Accident or Emergency Happens During the Trip?
In the event of an accident or an emergency, student organization travel supervisors should first attend to the injured, and then determine what condition(s) or act(s) caused the injury or illness. The supervisor should initiate any steps that are necessary to prevent similar incidents in the future. Things to look for are:

- Specific sequence of events that led to the emergency situation
- Conditions that may have contributed to the emergency situation
- Statements from eyewitnesses, if available.

The travel supervisors should contact JCU campus safety services (216.397.1234) and the office of student activities (216.397.4288) immediately if a participant sustains a bodily injury or within 24 hours for property damage to vehicles. Once it is possible to document the incident, complete the Accident Report or Incident Report (found in Section 4). A copy should be submitted to the office of student activities as soon as possible.

Student Medical Insurance
Students are responsible for their own medical insurance coverage for student organization travel just as they are while attending classes on campus.

Property Damage
All losses or damage to University property should be reported to campus safety services within 24 hours. Be advised - the use of personal property by employees or students is at your own risk. John Carroll University does not reimburse for loss or damage to personal property.
Section 3: Planning a Trip

1. Select a Travel Supervisor
For any overnight travel, the organization must select the student leader to serve as the Travel Supervisor. The role of the Travel Supervisor is to lead the planning of the trip and to serve as a liaison between the faculty/staff advisor and the trip participants. The Travel Supervisor should help with communication amongst the participants and help the advisor to resolve any problems or issues that occur during the trip. The student leader must be at least of sophomore standing and be in good standing academically and judicially with the university.

2. Destination Site
The Advisor/Travel Supervisor should be familiar with the site and prepare a site safety plan to present to participants. Lodging premises and locations should be reasonably safe or written documentation provided concerning associated risks. Orientation for travel participants should include any procedures for a “buddy system”, a procedure in which two people, the buddies, operate together as a single unit so that they are able to monitor and help each other and information on known risks as well as local, cultural, custom and legal requirements.

3. Transportation
The type of trip determines the method of transportation. The majority of JCU travel uses university-owned vehicles; however, trips by personal vehicles, rental vehicles, chartered buses and commercial airlines also occur. If renting a vehicle, please go through our preferred vendors www.jcu.edu/fas/pas (Enterprise or National Rental).

a. Travel Using University-Owned Vehicles
   - Van Fleet – Only drivers who have gone through the Van Fleet Certification Process are permitted to reserve and operate vans. All vans reserved through the office of student activities are for official university activities only. For questions and/or assistance, please contact the office of student activities at 216.397.4288 or visit the office during normal business hours (8:30am – 5pm) in Suite 201 of the D. J. Lombardo Student Center. University vans can only be driven within 100 miles round trip. Personal use of vans is prohibited.

   - Other Fleet Service Vehicles – Student organizations can make arrangements to use the following:
     - 12 Passenger Van
     - 14 Passenger Minibus
     - 33 Passenger Bus
     Contact Tom Kriz in Fleet Services at 216.397.4581 or tkriz@jcu.edu to schedule a vehicle.

b. Travel Using Personal Vehicles
Students, faculty and staff are to use university-owned vehicles or rental vehicles for all student organization travel. If there are extenuating circumstances that make it challenging to abide by this policy, exceptions and arrangements must be approved by the office of student activities. *Please note: the university is not liable for physical damage to personal vehicles or medical compensation for their passengers.
4. **Deviation from Travel Plans**
   In certain situations, students may wish to deviate from the group travel plans, such as requesting to drive their personal vehicle or make their own travel arrangements. Students should be *discouraged* from doing so and must be made aware that they will be traveling at their own risk and understand that the university’s auto insurance will not respond to an accident claim for a personal vehicle. The university is not liable for physical damage to personal vehicles or medical compensation for their passengers.

5. **Trip Expectations**
   Advisors/Travel Supervisors should provide participants with some form of orientation prior to departure. The type of trip will dictate the level of detail needed in the orientation, but both verbal and written communication is essential. Materials should include the trip destination and purpose, a travel itinerary, route, rest and meal stops, lodging and transportation information, appropriate clothing or gear, and the established rules and protocols specific to the trip. In addition, materials should include a summary of activities and physical requirements students will encounter; any known or unusual circumstances that would require advance preparation or equipment; and any known unique hazards.

6. **Emergency Planning**
   The type of trip dictates the level of emergency planning needed. If the trip location is remote, it is strongly recommended that at least two persons on the trip have first aid skills, a first aid kit and a cell phone or appropriate means of communication in the event emergency aid is needed. Confirmation that cell phones will operate from the field trip site should be made in advance so that alternative arrangements can be made if needed. Also determine a protocol for circumstances that may necessitate the Advisor/Travel Supervisor leaving the group to accompany an injured or ill participant.

   For Overnight trips, the Advisor/Travel Supervisor should make sure that each field trip participant completes a Trip Participant Emergency Contact Information form, Statement of Participation, and Health Information – Self Disclosure Information form. A copy of these documents should be kept with the Advisor/Travel Supervisor and a copy must be provided to the office of student activities. Students should be reminded to carry ID and medical insurance cards. Travel Supervisors should carry emergency phone numbers to reach JCU; however all participants should know how to contact the institution from the site, find and use the first aid kit, find and use a cell phone and know what to do if they get separated from the group.

7. **Trip Contingencies**
   Even with the best planning effort, things can still go wrong. Try to anticipate what complications could arise and then develop contingency plans in advance. Examples include: a student needs to leave early because of a personal/family emergency; a student violates established rules; or there are weather or transportation delays or cancellations. Understand any contract limitations or restrictions.

8. **Special Requirements for Participation in the Trip**
   If any students have disabilities or special requirements that may need to be accommodated, refer to the center for students with disabilities for more information (216.397.4263).
9. **Compliance with University Policies**
   All participants must understand that university policies for faculty, staff and students are still in effect and apply to trips regardless of the location (see JCU Community Standards Manual for these policies). Instructional activities and settings should be consistent with JCU policies including, but not limited to policies on alcohol and drug use, vehicle use, sexual harassment, and student conduct.

10. **Certificate of Insurance**
    Sometimes the trip destination, organization, or establishment will require a Certificate of Insurance from John Carroll University prior to use of their facility or event participation. If asked to provide this document, the risk management office can provide a certificate of insurance for other parties (216.397.1982). You will need to provide the risk management office with the following information via email to (ghomany@jcu.edu):

    - Site Contact Name
    - Address
    - Phone
    - Fax or Email
    - Date of trip or facility use

11. **Records and Documentation**
    Advisors/Travel Supervisors should consider the nature of the trip and review documentation to ensure that language is clear and accurate when providing information to participants or preparing informed consent forms or release statements. Written records that should be obtained in advance of the field trip should be clearly filled out and easily accessible. The Advisor/Travel Supervisor should have a copy and copy must be provided by the office of student activities.
Section 4: Travel Funding Assistance

All registered and recognized student organizations in good standing can apply for funds to help defray the costs of sending members to a student organization affiliated event/conference on the Travel/Conference Request Form. Groups can request funds for registration fee, lodging, and transportation. This form is also used for driving to an event, such as requests for gas money.

To access the form please click here or go to https://johncarrolluniversity.wufoo.com/forms/s6x3w5/

Once the student organization has completed and submitted the Travel Request, a representative needs to appear and present their request to the Student Organization Budget Board (SOBB). Student organizations need to sign up for a presentation time on the front door of the Student Union office (across from the office of residence life). Be sure that the representative who attends the SOBB meeting is knowledgeable about the request and can answer questions about all aspects of the trip. The Budget Board will rule on the request and the Vice President for Student Organizations will communicate decisions to the student organization contact.

Approved monies will not be released until the student organization submits the proper forms to the office of student activities (see checklist). The university reserves the right to deny funds to student organizations for travel requests if the proper paperwork is not completed and protocol is not being followed.
Section 5: Travel Documents

- Trip Information and Registration Form
  - Trip Roster
- Trip Participant Emergency Contact Information
  - Waiver and Release of Liability Form
- Health Information Statement – Self Disclosure Information
  - Accident Report
  - Incident Report
- Important College Phone Numbers
- Quick Sheet for Student Organization Travel
Name of Organization: ____________________________________________________________

This trip is: _______One Day _______Overnight

Date of Departure from Campus: _____________ Date of Return to Campus: _____________

Location(s) of Trip: _____________________________________________________________

Name of advisor who will on the trip (if overnight): __________________________________

Contact Phone Number for Advisor while on trip: _________________________________

Travel Supervisor Name: ________________________________________________________

Contact Phone Number for Travel Supervisor while on trip: _________________________

Method of Transportation: ________ University Vehicle ________ Plane ________ Other

*If “other” please list method of transportation_____________________________________

Driver(s) Names (if applicable): ________________________________________________

Please note: If personal vehicles are used, the driver and driver’s insurance assumes liability – see page 5.

To be completed by Organization Advisor

I, as the JCU faculty/staff advisor for this organization, acknowledge and give permission for this trip as detailed above. I grant permission for the student listed above to serve as Travel Supervisor. I have spoken with him/her regarding expectations and policies for the trip. We have exchanged contact information and I am aware of all the people going on the trip. I have been given a copy of all the paperwork completed for this trip for my records.

______________________________________________________________
Printed Name of Advisor

______________________________________________________________
Signed Name of Advisor Date

For Office of Student Activities

Date paperwork was received in the office of student activities: _______________________
Notes:____________________________________________________________________________

____________________________________________________________________________
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<thead>
<tr>
<th>Name</th>
<th>Banner ID</th>
<th>Cell Phone</th>
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</table>
Trip Participant Emergency Contact Information

Name of Organization: 

Trip Destination: Trip Dates: 

JCU Banner ID: 

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<td>Name of Emergency Contact:</td>
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<tr>
<td>Secondary Phone Number:</td>
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<tr>
<td>Email Address:</td>
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<tr>
<td>Fax Number:</td>
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<tr>
<td>Other Contact Information:</td>
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<th>SECONDARY EMERGENCY CONTACT INFORMATION</th>
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<td>Name of Emergency Contact:</td>
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<tr>
<td>Secondary Phone Number:</td>
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<tr>
<td>Email Address:</td>
</tr>
<tr>
<td>Fax Number:</td>
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<tr>
<td>Other Contact Information:</td>
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</tbody>
</table>

_______________________________
Printed Name of Participant

_______________________________
Signed Name of Participant   Date
I hereby certify that I am over the age of eighteen and by my signature below, I hereby release John Carroll University (JCU), its officers, agents, employees, successors, and assigns from any and all liability, not caused directly by negligence of JCU or its representatives, arising out of or in any way related to my participation in a student field trip to ____________________________ (Location)
in ____________________________ (City and state).

The group will leave on _________________ (Date) and return on ______________________ (Date).

I understand that this is a voluntary trip/activity and as with any such trip/activity there will be risks involved with these activities. I hereby accept these risks.

Transportation

I understand that the University is providing transportation (e.g. University vehicles, commercial vehicles, rental cars, or airlines) to and from or at the above destination. I understand that there are risks associated with this type of transportation including but not limited to, bodily injury or death and property damage. I accept the associated risks with this type of transportation.

Overnight Accommodations

I understand that the University is providing overnight accommodations and that any damages or charges as a result of my actions that are deemed to be outside of the scope of this trip will be my responsibility. I accept this responsibility and associated costs.

Faculty/Staff Supervision

I understand that University faculty and/or staff will be accompanying me on this trip and that I must comply with University policies concerning alcohol and drug use, vehicle use, student misconduct, smoking, principles of academic freedom, policy on sexual harassment, etc., just as I would on campus. I accept this responsibility.

Medical Release/waiver

If I require medical care while participating in the activities of this trip, I authorize JCU through its employees or agents to contact ______________________ (Emergency Contact Name) at phone number, (_____) _________, or if that is not possible, I authorize JCU through its employees or agents to summon emergency medical care or to take me to the nearest medical facility for purposes of receiving medical care with the understanding that I will not hold JCU, or its employees, agents or representatives responsible for the actions of the agents, representatives or employees of the medical facility and that I will assume any and all responsibility for payment of same.

_________________________________  _________  ______________________  _________
Participant (Print Name)                      Date                      Participant (Signature)       Date
Health Information Statement – Self Disclosed Information

Name of Participant: ___________________________________________________________

Name of Organization: _______________________________________________________

Trip Destination: ________________________ Trip Dates: _________________

JCU Banner ID: ________________________ Gender: ________________________

Date of Birth: ________________________ Phone Number: ________________________

Do you have any allergies (medicines, food, environmental, animal, etc.)?: ________________________

___________________________________________________________________________

Do you have any dietary restrictions?: ________________________

___________________________________________________________________________

Are you taking any medications that you will be bringing with you (including an inhaler)?: ________________________

___________________________________________________________________________

Do you have any medical conditions that are important for medical personnel/Travel Supervisor to know about (i.e. seizures/epilepsy, asthma, fainting spells, heart condition, anemia, etc)?: ________________________

___________________________________________________________________________

The above information is accurate to the best of my knowledge.

____________________________________  ________________________
Student Signature  Date

Students under the age of 18 must have this form signed by their parents or legal guardian.

____________________________________  ________________________
Signature of Parent/Guardian  Date

Note: This form will be secured with the advisor for the duration of the trip and will be destroyed at the end of the school year.
### Accident Report

The injured student or trip participant should complete this form. 

*Bring original form to the office of student activities (2nd floor of the D.J. Lombardo Student Center)*

Name of Participant: ________________________________

Name of Organization: ________________________________

Trip Destination: ________________________________ Trip Dates: ________________________________

JCU Banner ID: ________________________________ Gender: ________________________________

Date of Birth: ________________________________ Phone number: ________________________________

Permanent Home Address: ________________________________

Date of Accident: ________________________________ Time of Accident: ________________________________ AM/PM

Witness(s): ________________________________

Description of Accident: *Please describe how the accident happened. What were you doing at the time of injury? List any specific acts by individuals or conditions that led to the accident. Include any tools, machinery, instruments, involved. Use back of form for more space.*

<table>
<thead>
<tr>
<th>NATURE OF INJURY</th>
<th>PART OF BODY INJURED</th>
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</thead>
<tbody>
<tr>
<td>Abrasion</td>
<td>Abdomen</td>
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<tr>
<td>Cut</td>
<td>Face</td>
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<tr>
<td>Scratch</td>
<td>Leg</td>
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<td>Amputation</td>
<td>Ankle</td>
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<td>Dislocation</td>
<td>Finger</td>
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<td>Shock</td>
<td>Mouth</td>
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<td>Asphyxiation</td>
<td>Back</td>
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<td>Fracture</td>
<td>Foot</td>
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<td>Sprain</td>
<td>Nose</td>
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<td>Bite</td>
<td>Chest</td>
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<td>Laceration</td>
<td>Forearm</td>
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<td>Splinter</td>
<td>Shoulder</td>
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<td>Bruise</td>
<td>Ear</td>
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<td>Poisoning</td>
<td>Hand</td>
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<td>Strain</td>
<td>Teeth</td>
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<tr>
<td>Burn</td>
<td>Elbow</td>
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<td>Puncture</td>
<td>Head</td>
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<tr>
<td>Concussion</td>
<td>Wrist</td>
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<tr>
<td>Repetitive Stress Injury</td>
<td>Eye</td>
</tr>
<tr>
<td>Other (specify:)</td>
<td>Knee</td>
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<tr>
<td>Other (specify):</td>
<td>______________________</td>
</tr>
</tbody>
</table>

Did you go to the hospital/doctor?  Y  N  

What hospital/doctor? ________________________________

Signed by Injured Party ________________________________  Date ________________________________
<table>
<thead>
<tr>
<th>Individual(s) Involved</th>
<th>JCU Banner ID</th>
<th>Cell Phone Number</th>
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Incident Date: ___________________________  Incident Time: ___________ AM/PM

Incident Location: _______________________________________________________

Description of Incident: __________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Printed Name of Person Reporting  Phone Number
_______________________________________________________________________

Signed Name of Person Reporting  Date
_______________________________________________________________________
<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
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<tr>
<td>Campus Safety and Security</td>
<td>216.397.1234</td>
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<td>Dean of Students</td>
<td>216.397.3010</td>
</tr>
<tr>
<td>Health Center</td>
<td>216.397.4349</td>
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<tr>
<td>Main Line (Switchboard)</td>
<td>216.397.1886</td>
</tr>
<tr>
<td>Student Activities</td>
<td>216.397.4288</td>
</tr>
<tr>
<td>Vice President for Student affairs</td>
<td>216.397.4213</td>
</tr>
<tr>
<td>Students with Disabilities</td>
<td>216.397.4263</td>
</tr>
</tbody>
</table>

Other Phone Numbers:
Quick Sheet for Student Organizational Travel

To be used for planning only, does not need to be submitted.

One Day Trips:

______ Obtain approval for travel from your organization advisor
______ Select a Travel Supervisor.
______ Apply for funding through the Student Organization Budget Board (SOBB), if applicable.
______ Complete Trip Information and Registration Form
______ Complete Trip Roster Form
______ Turn in copy of the Trip Information and Registration Form & Trip Roster Form to the Office of Student Activities (2nd Floor of the D.J. Lombardo Student Center).
______ Fees (who pays, if the organization is paying make sure to get receipts and use a tax exempt form. Don’t forget any parking fees that may apply).
______ Meals (who provides food, special dietary needs, etc)
______ Transportation (air, bus, personal vehicle, rental vehicle, university vehicle)
______ Make sure to take important phone numbers and blank Accident and Incident Reports

Overnight Trips (remember Advisor MUST accompany group on overnight trips):

______ Obtain approval for travel from your organization advisor
______ Select a Travel Supervisor.
______ Apply for funding through the Student Organization Budget Board (SOBB), if applicable.
______ Complete Trip Information and Registration Form
______ Complete Trip Roster Form
______ Have each participant complete a Trip Participant Emergency Contact Information form, Waiver and Release of Liability form, and Health Information Statement – Self Disclosure Information form.
______ Turn in copy all forms to the Office of Student Activities (2nd Floor of the D.J. Lombardo Student Center).
______ Fees (who pays, if the organization is paying make sure to get receipts and use a tax exempt form. Don’t forget any parking fees that may apply).
______ Meals (who provides food, special dietary needs, etc.)
______ Transportation (air, bus, personal vehicle, rental vehicle, university vehicle)
______ Make sure to take important phone numbers and blank Accident and Incident Reports