Section VI.D. Student Welfare and Rights
Section VI.D.1. Non-Academic Student Travel Chancellor’s Procedures

These Chancellor’s Procedures supplement and clarify Section VI.D.1. of the Lone Star College District Policy Manual last revised by the Board of Trustees on February 2, 2017—setting out the College’s policies regarding student welfare and rights—specifically, those regarding non-academic student travel.

The Policy Manual controls when a conflict arises between it and the procedures below. These procedures were last updated on June 26, 2017. The notice and comment period was open online to the public from March 7, 2017 to April 6, 2017.

The College provides equal opportunities to all students participating in courses, activities, and programs regardless of race, color, sex, age, sexual orientation, gender identity, gender expression, religion, disability, veteran status, or any other protected status.

Non-Academic Student Travel means travel that meets all three conditions:

1. The travel must be farther than 25 miles from the closest Lone Star college campus or satellite center to the final destination.¹
2. The travel is not directed by an instructional employee to achieve an academic objective.
3. Either (a) the College funds the travel and uses a college-owned or -leased vehicle or (b) a college-registered student organization requires the travel.

Travel that does not meet all three of these conditions is not considered Non-Academic Student Travel and Section VI.D.1. of the Lone Star College Policy Manual and these corresponding Chancellor’s Procedures do not apply.

1. **Guidelines for Student Domestic Travel, Drivers, & Vehicle Use.** Faculty and staff entrusted with traveling with students, or planning independent travel for students, should appreciate the responsibility this creates for themselves and for the College. Planning student travel is therefore a serious endeavor to ensure that a trip runs smoothly, follows the College’s policies and procedures, and minimizes the risks inherent in group travel for students, faculty, staff, and the College. Non-Academic Student Travel may be independent of a chaperone (e.g., a self-guided trip to a run in a 5K in Austin) or it may be chaperoned (e.g., a group trip to the state basketball championship in Austin). Once involved, chaperones have responsibilities under these procedures. Non-chaperoned trips are too fact specific to attempt at this time to lay out any meaningful guidance. Chancellor Cabinet Members remain ultimately responsible to the College for any such travel initiated in their respective areas and should therefore create guidelines that protect the College, students, employees, and the community. The balance of this subsection regards group, not individual, travel.

¹ See attached Image 1.
a. At least one chaperone must be present and available for the entire group trip’s duration and every effort should be made to have one chaperone for every 15 students. All authorized group non-academic student domestic travel requires the presence of one chaperone who ideally is also a Student Organization Advisor (SOA), but at a minimum must be a College employee.³

b. The chaperone requesting approval for student non-academic travel will need to complete Travel Request Form 1 (TR1) at least four weeks before the requested trip is scheduled to begin. The completed TR1 must be turned in to the Student Life Program Manager at the campus sponsoring the student travel. The Student Life department is responsible for securing the necessary authorizations from its college’s Chief Student Services Officer and the Vice President of Administrative Services. The Student Life department will notify the requesting SOA whether the trip was approved or denied as expeditiously as possible (this notification responsibility does not necessarily empower the Student Life department to accept or reject proposals). Requesting chaperones should expend no money or make any representations regarding the trip to third-parties until the Student Life department/Vice President of Student Services notifies the requesting chaperone that the trip has been approved. The approval must be resubmitted to the Student Life department at least 5 working days before the trip’s scheduled date.

c. The chaperone requesting approval must set up Travel Authorization in iStar if using a LSCST&E Card (Travel and Expense Card). The chaperone should log in to iStar and follow the following path: Self-Service — Travel and Expense Center — Travel Authorization — Create. The chaperone should use the club or organization’s budget number (or whatever budget code is paying for the trip). The submitting chaperone’s supervisor must then approve the Travel Authorization Request. The Travel Authorization Request must be submitted to iStar within 5 working days of receiving notification of approval from the Student Life department.

d. The chaperone requesting approval for student domestic travel will also need to complete Travel Request Form 2 (TR2) which is Trip Plan and Trip Roster Combined Form. The TR2 must also be turned in to the Student Life department on campus and at least 5 working days before the trip’s scheduled date.

e. The chaperone requesting approval shall also be responsible for ensuring that each participating student complete and sign Travel Request Form 3 (TR3), which is the Participant Release and Indemnification Agreement. Experience shows that it is best if the chaperone requesting approval completes as many details about the trip on the

³ See VI.D.13.02(c) ("Student Organization Advisor means a person who (1) serves in an advisory capacity to a student organization and its members, (2) has aged at least 21 years, (3) is not a student at the College, and (4) is the College’s full-time employee or a part-time employee expressly authorized by a college president to serve in the appointed, volunteer capacity.").
form as they can before distributing the form to students to complete and sign. The TR3 must also be turned in to the Student Life department on campus and at least 5 working days before the trip’s scheduled date.

f. The chaperone requesting approval shall also be responsible for informing students that elect to drive themselves to the destination of the student’s responsibility to complete Travel Request Form 4 (TR4) which is a Student Travel Waiver and Hold Harmless Agreement. Please note that if no students elect to drive themselves, no need exists for completing TR4. Conversely, chaperones should not coordinate or aid students’ carpooling decisions, nor should chaperones—or any employee—ride in, or drive, personal cars with students regardless of who owns the personal car. Chaperones should, however, provide any student driving himself or herself with directions to the intended destination.

g. The chaperone requesting approval shall also be responsible for ensuring that expenses on the trip are paid with an LSCS T&E Card (or ProCard if the employee does not have an LSCS T&E Card). If no chaperone going on the trip has either a T&E Card or ProCard, the chaperone going on the trip must apply for a temporary T&E Card. The forms for requesting a temporary T&E card to spend Student Life funds must be picked up from the Student Life Office on each campus.

h. The chaperone requesting approval shall also reconcile expenses associated with the trip on iStar and through the Trip Authorization procedure.

i. The chaperone on the trip is responsible for completing Travel Form 5 (TF5), which is also titled “Incident Report” if a medical, vehicular, or behavioral issue arises during the trip involving a student.

j. The chaperone requesting approval shall submit the Approval of College Sponsored Student Travel, the Trip Plan, and the Trip Roster to his or her Student Life department. The Student Life Office shall in turn register the trip with the College’s Office of Risk Management (ORM) by doing the following.

   i. Scanning Forms TR1, TR2, and TR3 and saving it as one PDF file.

   ii. Naming the PDF in the following convention: YYYYMMDD-CC-GROUP-DESTINATION-EMPLOYEE-LAST NAME, FIRST INITIAL

      a. YYYYMMDD = date of trip’s departure.
      b. CC: campus (i.e., NH, K, T, M, CF, or UP).
      c. Group: Music, Band, Geology, etc.
      d. Destination: Austin, Dallas, Washington.
      e. Last Name, First, Initial
2. **Authorized Driver (AD) Responsibilities.** All college employees are forbidden from riding in, or driving, personal vehicles with students during Student Non-Academic Travel trips. Therefore, faculty and staff can only ever be ADs in college-provided transportation. The Policy Manual defines college-provided transportation as an AD transporting students in college-owned, -leased, or -rented vehicles. Along that vein, an AD is (1) a college employee approved by the Office of Risk Management (ORM), (2) that has a valid driver’s license for the type of vehicle being driven, and (3) that has a satisfactory driving record. Only an AD may drive College-owned, -leased, or -rented vehicles.

The College purchases coverage for third-party bodily injury and property damage liability, including collision and comprehensive physical damage insurance, for vehicles it owns or leases. The liability coverage will provide defense (legal costs) and indemnity (damages that are assessed against ADs) if you were engaged in travel that is directly related to your college duties subject to the terms, limits, and conditions of the policy contract.

The same policy provides third-party bodily injury and property damage liability coverage for vehicles rented by the College’s employees to conduct the College’s business. The College’s automobile insurance policy provides liability coverage for rental vehicles, subject to the terms, limits, and conditions of the policy contract.

When an employee is driving his or her own vehicle on the College’s business, the College’s automobile insurance policy provides additional liability protection, which is excess of the liability limit of the employee’s personal insurance policy, subject to the terms, limits, and conditions of the policy contract. The College’s policy does not provide physical damage insurance for employee-owned vehicles.

a. **Becoming an Authorized Driver.** An employee wishing to become an AD must contact the Officer of Risk Management (ORM) and submit all required documents. ORM evaluates required documents and, if approved, adds the individual’s name to the Authorized Driver list. ORM’s evaluation must include review of the individual’s Driving Record.

ORM ensures ADs have a valid driver’s license and are approved and authorized to drive all vehicles in the class for which that license is issued. Texas Class A, B, C, and M driver licenses are issued to individuals who are exempt from obtaining a commercial driver license (CDL) or who are not required to obtain a CDL. Individuals who hold a valid CDL may drive all vehicles in the class for which that license is issued, or a lesser class, including their personal vehicle. However, this does not include a motorcycle or moped.

b. **Having a satisfactory driving record.** ORM cannot authorize a driver to be an AD that has a then-currently suspended driver’s license, a suspended driver’s license within the prior three years, or a revoked driver’s license within the prior three years. Similarly, ORM cannot authorize a driver to be an AD if the proposed AD has any of the following violations on his or her Driver Record:

- Driving while intoxicated
• Driving under the influence of drugs
• Negligent homicide resulting from the use of a motor vehicle
• Operating a motor vehicle during a period of suspension or revocation of an operator’s license
• Using a motor vehicle during the commission of a felony
• Aggravated assault with a motor vehicle
• Operating a motor vehicle without the owner’s authorization
• Permitting an unlicensed person to drive
• Reckless driving
• Participation in speeding contests or illegal drag racing
• Hit and run (bodily injury and physical damage) driving

ORM also cannot authorize a driver to be an AD that has any two or more accidents or moving violations within the prior three years (excluding the moving violations referenced in the bullet points above which by themselves make a would-be AD ineligible.).

c. Renting Vehicles (Cars and Vans). ADs wishing to rent vehicles for college-sponsored transportation should review the detailed information found in Administration & Finance Operations Manual’s Forms. ADs wishing to rent vehicles for college-sponsored transportation must be at least 25 years of age, must possess a valid driver’s license for the vehicle being rented, and must rent the vehicle through the Texas State Travel Management Program (STMP).

College faculty and staff are not to transport students in their personal vehicles or to organize student carpooling for travel to off-campus locations. As a general rule, any transportation of students must be reported on the “College Sponsored Student Travel” form TR1 and approved by your supervisor prior to the commencement of a trip away from campus.

d. Renting Charter Buses. ADs, SOAs, and chaperones wishing to rent charter buses should contact the Purchasing Department at System Office for current information on bus charters, rates, approved bus companies, and the Bus Charter Agreement.

e. Booking air travel. All air travel for students must be booked by the Student Life department. Student travel arrangements usually flow smoother if the best flights are researched in advance of requesting official booking by the Student Life department. Student Life employees will need the following for all students: (1) name as it appears on government issued identification (e.g., driver’s license), gender, and date of birth. Students may also request a seat preference, but are not necessarily entitled to that preference.

f. Reporting Accidents and Collisions. ADs and SOAs should contact their campus Vice President of Instruction and the College’s Director of Risk Management to begin the
investigation and claim processing. ADs should also, to be safe, place their own carrier on notice of the claim. The AD will need to provide to the College information about the accident and injuries, including names, telephone numbers, business activity, documentation of the business-related purpose, and information about witnesses and others present at the accident. If an AD or SOA is injured and requires medical care, they must immediately notify the College Office of Risk Management to file a workers’ compensation claim.

II. **Student Responsibilities.** Students are forbidden from riding in, or driving, personal vehicles with faculty, staff, or any other college employee during Student Non-Academic Travel trips. Nevertheless, students should have driving directions to any such destination provided by the College. All students participating in Student Non-Academic Travel must also sign a Medical Treatment Authorization form. All students participating in Student Non-Academic Travel must complete and sign TR4, also known as Participant Release and Indemnification Agreement. Students wishing to depart from the group travel at any time must submit a Time Away Form, OGC-S-2010-10. Students are also reminded that the College’s Academic and Non-Academic codes of conduct apply on all college-sponsored trips, including Student Non-Academic Travel.

**International Non-Academic Student Travel.** Faculty and staff entrusted with traveling with students should appreciate the responsibility this creates for themselves and for the College even beyond Student Domestic Travel. Planning student international travel is therefore an even more serious endeavor to ensure that a trip runs smoothly, follows the College’s policies and procedures, and minimizes the risks inherent in group travel for students, faculty, staff, and the College. All procedures and forms applicable to Student Domestic, Non-Academic Travel apply with equal force here as though fully restated herein. Moreover, participating students are personally responsible for ensuring their ability to depart from, and return to, the United States. Participating students are also personally responsible for ensuring their ability to arrive, and depart from, the country of destination. Students are encouraged to contact an immigration attorney if they have any immigration law questions regarding either their return to the United States or acceptance into the country of destination—the College’s employees cannot give legal advice to students regarding immigration questions. Students traveling internationally are also required to sign a waiver and acknowledgment to the matters stated in this paragraph regarding admission and departure from the United States.

Effective Date: July 13, 2017

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Stephen C. Head, Ph.D.
Chancellor
Image 1. The College does not consider travel inside the outermost blue circle Non-Academic Student Travel.
TRAVEL REQUEST FORM 1 (TR1)
REQUEST FOR APPROVAL OF LSC SPONSORED STUDENT TRAVEL

Program Name: ____________________________________________________________

Destination: ______________________________________________________________

Name(s) of LSC Employee Traveling with Group: ________________________________

LSC Employee(s) phone contact: _____-_____ or _____-_____

Budget Account Number(s) to Charge: ___-__-___-____-_____ Amount: $________

Amount: $________

Explanation and Justification of Trip and Expenses:

Destination: ______________________________________________________________

Date of Departure: _________________

Date of Return: ______________________

Activity Attending: ________________________________________________________

Number of Persons Attending: __________

Type of Transportation (vehicle(s), bus, airline, etc.): __________________________

Hotel Accommodations: ________________ Number of Rooms: ______

Meals (estimated): ______________________________________________________________________________

Registration Fees: ______ persons @ $________ per person.

Miscellaneous expenses (itemize): ________________________ $_________

________________________ $________

________________________ $________

Advanced Payment Requested? _______YES _______NO Amount $________

LSC Approved/Authorized Drive? _______YES _______NO (Must be listed on LSC Approved Drivers List)

Requested By: ____________________________________________________________ Date

Approved By: ____________________________________________________________ Date

Approved By: ____________________________________________________________ Date

VP of Administrative Services/LEO (Required for Vehicle Rentals)
TRAVEL REQUEST FORM 2 (TR2)
TRIP PLAN AND TRIP ROSTER

Campus: ____________________________________________________________

Program: __________________________________________________________

Destination: ________________________________________________________

Purpose of Trip: ____________________________________________________

Departure Date: _________________

Return Date: _________________

Point of Departure: _________________

Point of Return: _________________

Name of Sponsor/Club/Class: __________________________________________

Mode of Transportation: _____________________________________________

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<th>Day</th>
<th>Proposed Travel Route and Itinerary</th>
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<td>(Include Flight Numbers, if applicable, and <em>attach any detailed itineraries</em>)</td>
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Vehicle Description:

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<th>Make</th>
<th>Model</th>
<th>Color</th>
<th>Owner</th>
<th>Driver's License Number (Attach Photocopy of License)</th>
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TRAVEL REQUEST FORM 2 Continued (TR2)

LSC EMPLOYEE PARTICIPANTS (Faculty & Staff)

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TRIP PARTICIPANTS:

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TRAVEL REQUEST FORM 3 (TR3)
RELEASE AND INDEMNIFICATION AGREEMENT

STUDENT: ___________________________________________ ID: __________
Name (last name first - please print or type)

___________________________________________
Address

City, State, Zip Code

DESCRIPTION OF ACTIVITY OR TRIP: _______________________________________

MODE OF TRANSPORTATION: _______________________________________________

LOCATION(S) OF ACTIVITY OR TRIP:

DATE(S) OF ACTIVITY OR TRIP: FROM _______ 20__ TO _______ 20__

I, the above named student, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release Lone Star College, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of Lone Star College, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless Lone Star College and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

I authorize the College to use or show any photos of the event which include me or my likeness.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

_________________________________________ Date signed: _________________
Signature of Student

_________________________________________ Date signed: _________________
Signature of Witness

_________________________________________
Printed Name of Witness
TRAVEL REQUEST FORM 4 (TR4)
STUDENT TRAVEL WAIVER AND HOLD HARMLESS AGREEMENT

Student Name: _________________________ LSC Organization: _______________
Name of Activity: ________________________
Location of Activity: __________________________
Vehicle Type: ____________________________ License Plate Number: ________________
Auto Insurance Carrier: ______________________ Contact Number: __________________
Cell Phone Number: ______________________
Emergency Contact Name: _____________________ I, the above-named Student, am eighteen (18) years of age or older, and am voluntarily participating in the above Activity. I acknowledge that Lone Star College ("LSC") has offered to provide transportation to and from the Activity. However, I have knowingly and voluntarily determined to not use such transportation, but rather drive my own vehicle or travel in the vehicle of another student. I understand and acknowledge that serious accidents sometimes occur during travel such as this, and that that my travel could result in loss of or damage to my property, injury to myself or to others, and/or death. I am aware of the inherent potential risks associated with such travel and am willing to assume these risks. I understand and acknowledge that LSC accepts no responsibility for my travel and that my travel and any injuries or damages resulting therefrom are not covered by any LSC insurance policies.

In consideration of my participation in the Activity, on behalf of myself, my family, heirs, and personal representative(s), I hereby release LSC, its governing board, officers, employees, and representatives (collectively the "Releasees") from any and all liability for any and all claims and causes of action for loss or damage to my property, personal injury or death, that may result from or occur as a result of my travel. I further agree to indemnify and hold harmless the Releasees from liability arising from my tortious acts or omissions.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO PROPERTY THAT OCCURS WHILE TRAVELING TO OR FROM THE ACTIVITY AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FROM MY TORTIOUS ACTS OR OMISSIONS.

I further agree that this Release shall be construed in accordance with the laws of the State of Texas. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release the validity of the remaining portions shall not be affected thereby.

_______________________________________    __________________________
Signature of Participant                        Date Signed

_______________________________________    __________________________
Signature of Witness                            Date Signed
TRAVEL FORM 5 (TF5)
INCIDENT REPORT

Student Name: ______________________  ______________________  ______ 
Last Name  First Name  Middle

Address: __________________________________________________________

Phone: ______________________________

Student ID: __________________________

Incident Description:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Incident Location: ______________________________________________________

Date: _______________  Time: _______________

Witnesses: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________

First Aid Rendered (if necessary) _________________________________________

Ambulance Called: ☐  Yes  ☐  No

Transportation:  ☐  Ambulance  ☐  Self  ☐  Other _________________________

Recommended Follow-up with Physician:  ☐  Yes  ☐  No

____________________________________  __________________________________
Chaperone Name  Signature and Date
[STUDENTS MUST COMPLETE THIS FORM BEFORE MEDICAL AID MAY BE RENDERED]

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I. MEDICAL INFORMATION (please type or print legibly)
   a. Name ____________________________________________________________
      (Last, first, middle)
      Address ________________________________________________________
      (Street or P.O. Box, City, State, Zip Code)
      Telephone Number: Day (___) _________ Night (___) ________
   b. Name of Nearest Relative ______________________________________
      (Last, First, Middle)
      Address ________________________________________________________
      (Street or P.O. Box, City, State, Zip Code)
      Telephone Number: Day (___) _________ Night (___) ________
   c. Physician's Name ______________________________________________
      Address ________________________________________________________
      Telephone Number: Office (___) ___________ Emergency (___) ______
   d. Dentist's Name ________________________________________________
      Address ________________________________________________________
      Telephone Number: Office (___) ___________ Emergency (___) ______
   e. Health Insurance Company Name _________________________________
      Policy Number ___________________ Telephone (___) _____________
   f. Allergies _______________________________________________________
   g. Current Medications _____________________________________________
   h. Special Health Needs ____________________________________________

II. EMERGENCY MEDICAL AUTHORIZATION

I, ______________________, do hereby authorize Lone Star College and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

The effective dates of this authorization are __________ to __________ 20__.

I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

_________________________________________ Date ____________ 20__.

(Signature of Individual Providing Authorization)