Student Transportation Policies and Procedures

Introduction

The safety of our students at Wilmington University is very important. With this in mind, Wilmington University has instituted the following policies and procedures for student travel. All travelers must abide by these procedures; the Student Code of Conduct found in the Student Handbook (located online at www.wilmu.edu/studentlife/handbook) as well as all local, state and federal laws.

This document addresses the travel of Wilmington University student-athletes, student related academic (instructional) travel, and all other student travel. Section I of this document is focused upon non-athletic student travel; Section II addresses student-athletic travel; and Section III provides information about the forms necessary to be completed for student travel.

I. Non-Athletic Types of Travel

<table>
<thead>
<tr>
<th>Type of Travel</th>
<th>Distance</th>
<th>Mode of transportation</th>
<th>Forms required to be completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>Up to 250 miles round trip</td>
<td>Personal vehicles permitted</td>
<td>Student Travel Approval Form must be completed by Trip Sponsor (Chaperone/Instructor)</td>
</tr>
<tr>
<td>Domestic</td>
<td>More than 250 miles round trip</td>
<td>Professional Carrier (Chartered bus, airline, train, etc.)</td>
<td>Emergency Contact Information; Permission, Assumption of Risk, Waiver Release; Health Form, Trip Itinerary Form</td>
</tr>
<tr>
<td>International</td>
<td>For additional information, please see <a href="https://wilmu.edu/faculty/resources/documents/acadaff_policy_procedure.pdf">https://wilmu.edu/faculty/resources/documents/acadaff_policy_procedure.pdf</a></td>
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</table>

II. Student Athlete Travel

Travel by student-athletes must be approved through the Director of Athletics. The Student Travel Approval Form will only need to be completed for any overnight trips that are for non-conference games and must be submitted at least two weeks before the trip.

Student-athletes may be permitted to use their personal vehicles for local travel to University sponsored athletic related trips which include practices and contests at the discretion of the head coach. For any trip in which the University is providing transportation, student-athletes are required to travel with the team both to and from the destination. For ground transportation or air travel, please refer to the policies and procedures in sections III-V. All athletic travel must be booked through the Assistant Athletic Director.
III. Student Travel Forms

Prior to all student travel, the appropriate forms are to be completed as outlined below. All forms are to be kept on file within the appropriate departments.

Right To Cancel – All travelers must understand that Wilmington University reserves the right to cancel a trip at any time prior to departure in the case of inclement weather or other emergencies. Additionally, Wilmington University reserves the right to cut short the trip should exigent circumstances arise. In the event that the trip is cancelled, fees not covered by trip cancellation insurance will be refunded by the institution.

<table>
<thead>
<tr>
<th>Form To Be Completed</th>
<th>Description</th>
<th>Submission of completed form to:</th>
<th>Date Due</th>
<th>Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Travel Approval</td>
<td>Required for all student travel (athletic, student activity, student academic travel)</td>
<td>Academic Program Chair or, Director of Athletics or, Director of Student Life</td>
<td>Two weeks prior to student travel</td>
<td>Approval</td>
</tr>
<tr>
<td>Student Emergency Contact Information</td>
<td>Required for domestic and international travelers</td>
<td>Designated trip organizer</td>
<td>One week prior to student travel</td>
<td>Contact</td>
</tr>
<tr>
<td>Permission Slip, Assumption of Risk, Waiver and Release Agreement</td>
<td>Required for domestic and international travelers</td>
<td>Designated trip organizer</td>
<td>One week prior to student travel</td>
<td>Permission</td>
</tr>
<tr>
<td>Health Form and Consent to Receive Treatment</td>
<td>Required for domestic and international travelers</td>
<td>Designated trip organizer</td>
<td>One week prior to student travel</td>
<td>Health</td>
</tr>
<tr>
<td>Trip Itinerary</td>
<td>Completed by designated trip organizer</td>
<td>Academic Program Chair or, Director of Athletics or, Director of Student Life</td>
<td>Two weeks prior to student travel</td>
<td>Itinerary</td>
</tr>
</tbody>
</table>

IV. Use of Student Vehicles for Transportation on University Sponsored Trips

Students may be permitted to use their own private vehicles to drive to a University-sponsored event involving local travel. **Use of private vehicles beyond 250 miles must be approved ONLY by the appropriate University administrator.**
The driver must have a valid driver’s license; up-to-date registration, insurance and inspection certificate (as applicable); at least two years of driving experience; and a good driving record. Driving records should not contain the following:

- More than 6 points;
- Any major violations (DUI, reckless driving charges, driving with excessive speed, hit and run, driving with a suspended license, fleeing a police officer vehicular homicide, etc.);
- Two citations for a moving violation within the last 12 months;
- Two accidents within the last 12 months where driver was at fault or contributory;
- One accident where the driver was at fault or contributory and one moving violation within the last 12 months; OR
- Any citation for blood alcohol content within the last 12 months. Cases not yet resolved in the courts will be considered grounds for temporality denying permission.

Drivers must abide by all traffic laws, including but not limited to, wearing a seatbelt at all times. The number of travelers per vehicle may not exceed the total number of functional seat belts in the vehicle. In addition, drivers are not permitted to email, text, or otherwise use computers or other forms of technology. However, drivers are permitted to use a telephone but only in a hands-free mode subject to good judgment and safety precautions.

If choosing to drive, drivers assume all risks associated with driving and agree to hold Wilmington University harmless from any and all accidents or problems that may arise in the course of such travel. In the event a driver is involved in an accident in his/her personal vehicle, the driver is responsible for loss or damage to the vehicle and any bodily injury or property damage to others they may cause, and is expected to maintain appropriate insurance covering damage, liability, and medical costs.

Drivers will be responsible for all fuel, parking, and toll charges as well as any related fines or driving citations.

V. Guidelines for local travel

- The instructor/group coordinator informs students in a timely manner of the location, the time and date of the trip.
- The instructor/group coordinator is not to be involved in the formation of any car pools.
- The instructor/group coordinator should not transport any students in his/her private or University automobile.
- The student is responsible for their own travel expenses.
- The driver may not drive more than two hours without taking a break.

Drivers shall not consume alcohol 24 hours prior to departure or during travel. Medications that cause drowsiness should not be taken in the 12 hours prior to departure or during travel. Any and all illegal drug use is prohibited.
VI. Guidelines for Professional Carriers (Chartered Bus, Airline, Train, etc.)

Students should travel by the most appropriate means. When professional carriers are used, round-trip tickets must be obtained unless valid reasons are presented for other arrangements. Once the company has been booked, a copy of their insurance information will be requested and kept on file in the proper office.

Air Transportation

Air travel should be the most direct route, by coach class and at the lowest available fare provided that the fare does not result in (1) greater total cost due to increased costs for meals and/or lodging, or (2) undue hardship to the student. The student is expected to make his/her travel arrangements at the earliest possible date in order to take advantage of available discount fares. The student is responsible for complying with airline regulations concerning cancellation and for avoiding the penalties associated with them, unless the situation results from circumstances beyond the student's control (purchasing trip insurance is encouraged).

Miscellaneous Ground Transportation

Trains and buses are acceptable means of transportation. In cases of long distances, time considerations are often restrictive. Travelers should use coach class unless pre-approved by the appropriate vice president or their designee.

Taxi, bus, and limo service should be given preference whenever available and economical. Taxi trips are acceptable when necessary to and from airports.

VII. Use of Rented Vehicles While on University Trips

In some cases, teams or groups may need to rent vehicles for University trips. Prior approval from the appropriate administrator is required. In these cases, the following policies and procedures must be followed.

Only paid University faculty or staff members who are over the age of 25 may drive the rented vehicles. No vehicles may be rented that are larger than a “12 passenger van”. Drivers should obtain auto insurance through the rental company.

The driver must have a valid driver’s license; up-to-date registration, insurance and inspection certificate (as applicable); at least two years of driving experience; and a good driving record. Driving records should not contain the following:

- More than 6 points;
- Any major violations (DUI, reckless driving charges, driving with excessive speed, hit and run, driving with a suspended license, fleeing a police officer vehicular homicide, etc.);
- Two citations for a moving violation within the last 12 months;
- Two accidents within the last 12 months where driver was at fault or contributory;
- One accident where the driver was at fault or contributory and one moving violation within the last 12 months; OR
Any citation for blood alcohol content within the last 12 months. Cases not yet resolved in the courts will be considered grounds for temporality denying permission.

At least two weeks prior to departure, drivers must provide a certified copy of their driving record (employees will be reimbursed for the cost of the report) to the appropriate administrator. Driving records will be valid for a period of six months. Driving records can be obtained from the Department of Motor Vehicle:

- Delaware: http://www.dmv.de.gov/
- New Jersey: http://www.state.nj.us/mvc/
- Maryland: http://www.mva.maryland.gov/
- Pennsylvania: http://www.dmv.state.pa.us/

Drivers must abide by all traffic laws, including but not limited to, wearing a seatbelt at all times. In addition, drivers are not permitted to email, text, or otherwise use computers or other forms of technology. However, drivers are permitted to use a telephone but only in a hands-free mode subject to good judgment and safety precautions.

The driver and all occupants in the vehicle must wear safety belts at all times and abide by all local, state, and federal laws. The number of travelers per vehicle may not exceed the total number of functional seat belts in the vehicle. The driver is not permitted to use a cell phone or any other devices which might serve as a distraction while operating the vehicle. All equipment must be stored properly and not loose. The driver must obey all posted speed limits.

When driving rented vehicles, the driver may not drive more than two hours without taking a break. No person shall drive for more than 10 hours in the aggregate (excluding rest stops and stops for meals) in any period of 24 consecutive hours unless such driver be afforded 8 consecutive hours rest immediately following the 10 hours aggregate driving.

Drivers shall not use alcohol 24 hours prior to departure or during travel. Medications that cause drowsiness should not be taken in the 12 hours prior to departure or during travel. Any and all illegal drug use is prohibited.

**VIII. Emergency Information**

As stated in the above policies and procedures, copies of Emergency Contact Information sheets and Team Trip Itineraries (if applicable) will be kept by the appropriate personnel during all trips.

In the event of an emergency (any event requiring the services of police or emergency personnel), the chaperone must contact a person listed in Section A of the Student Emergency Contact Information Sheet immediately. Staff of the University shall not make any statements to the media in regards to the incident.

**IX. Other Travel Information**

Twenty-four hours prior to departure for all overnight trips where the University is providing transportation, the chaperone must contact the Department of University Safety (New Castle 302-325-3333, Dover 302-233-3400 and Wilson Graduate Center 302-685-0313). The chaperone
must provide University Safety with trip details such as time of departure/arrival, destination, and a list of all cars that will be parked on campus (travelers must park in a designated area determined by the University Safety Department). A list should be provided to the department regarding each vehicle left on campus including the make/model, license plate state and number, and an emergency contact for the vehicle. This list will be used only in case of emergency.

For trips arriving back to campus after 10:00 PM, the chaperone should notify the University Safety department thirty minutes prior to arrival.

VIII. Appendix-Forms

1. Student Travel Approval Form
2. Student Emergency Contact Information Sheet
3. Travel Permission Slip, Assumption of Risk, Waiver and Release Agreement
4. Health Form and Consent to Receive Treatment
5. Team/Student Group Trip Itinerary Form
Wilmington University  
Student Travel Approval Form

This form is to be completed and submitted **at least two weeks before** the trip to the appropriate University personnel:

<table>
<thead>
<tr>
<th>Type of Trip</th>
<th>Submit to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Travel</td>
<td>Academic Program Chair</td>
</tr>
<tr>
<td>Athletic Travel</td>
<td>Director of Athletics</td>
</tr>
<tr>
<td>All Other Travel</td>
<td>Director of Student Life</td>
</tr>
</tbody>
</table>

Submitted by:________________________________ Date:______________________________

Name of Student Group:____________________________________________________________

Date(s) of Travel:_______________________________________________________________

Travel Destination/Location:_____________________________________________________

Description of Trip:___________________________________________________________________

# of People Participating:____________________ Approximate cost?____________ ______

How will the trip be funded?____________________________________________________

Name of person that will chaperone the trip:______________________________________

Are there any people traveling who are **not** Wilmington University staff members or students?

☐ NO  ☐ Not applicable  ☐ YES (If “YES”, explain):________________________________

Method of Transportation:

☐ Chartered Bus  ☐ Airline  ☐ Rented Vehicles  ☐ Student Vehicles  ☐ Not applicable

Lodging (List names, addresses, and phone #):____________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Print Chaperone’s Name

Date

Chaperone’s Signature

Date

☐ Approved  ☐ No Approved:

Administrator’s Signature

Date

List any conditions of approval:____________________________________________________

______________________________________________________________________________
Wilmington University
Student Emergency Contact Information Sheet

This form must be completed no earlier than 36 hours before each trip.
A copy of this form should be left with the designated person that approved the trip (i.e. Director of Athletics, or Director of Student Life, or appropriate Academic Program Chair). The chaperone should also bring a copy of this form with them on the trip.

Student Group Name: ___________________________ Date of trip: __________________________

Chaperone’s Name: ___________________________ Cell #: __________________________

Traveling to: ___________________________ Departure time: __________________________

Expected time of return to Wilmington University: __________________________

SECTION A
In the case of an emergency, the following University personnel must be contacted

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Emergency Contact #</th>
<th>Emergency Contact #</th>
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<tbody>
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</tbody>
</table>

SECTION B
The following individuals will be traveling on this trip:

<table>
<thead>
<tr>
<th>Traveler’s Name</th>
<th>Emergency Contact/Relationship</th>
<th>Emergency Contact #</th>
<th>Emergency Contact #</th>
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<tbody>
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Wilmington University

Travel Permission Slip, Assumption of Risk, Waiver and Release Agreement
REQUIRED FOR DOMESTIC & INTERNATIONAL TRAVELERS

Form shall be submitted to the proper staff member 48 hours prior to departure.

Name of Trip:________________________________________________________

Date(s) of Trip:_______________________________________________________

Trip Description:_______________________________________________________

Mode of Transportation:_________________________________________________

In consideration of being allowed to participate in the Wilmington University sponsored trip listed above on the above listed dates, I understand that with this trip there are risks involved both known and unknown including the potential for significant injury or death. In consideration of this, I specifically release and forever discharge Wilmington University staff and its trustees from any and all liability claims for an injury, illness, death or loss of or damage to property which I or my child suffers while participating in the above activity, to the fullest extent permitted by law.

In signing this document, I fully recognize that if injury, death or damage occurs to me or my child or his/her property while he/she is participating in the above activity, I will have no right to make a claim or file a lawsuit against Wilmington University staff or its trustees.

I have carefully read this agreement and understand its contents. I am aware that this is an assumption of risk, waiver and a release of liability and I sign it voluntarily.

Participant’s Name (Print):_______________________________________________

Participant’s Signature:__________________________ Date:____________________

Parent/Guardian’s Name (Print):__________________________________________

Parent/Guardian’s Signature:________________________________ Date:______________

(Required for Participants Under 18)
Wilmington University

Health Form and Consent to Receive Treatment

REQUIRED FOR DOMESTIC & INTERNATIONAL TRAVELERS

Participant’s Name___________________________________________________Date of Birth:___________ __

Home Phone:_____________________________Cell Phone:__________________________________________

Address:____________________________________________________________________________________

City:_____________________________State:__________________________Zip:___________________________

Emergency Contact:________________________________Relationship:______________________________

Cell Phone:____________________________________Other Phone:____________________________________

Other Emergency Contact:________________________________Relationship:______________________________

Cell Phone:____________________________________Other Phone:____________________________________

**Insurance Information:**
Insurance Carrier:_________________________________________________Carrier’s Phone #:_________________
Policy #:_________________________________________________Group #:________________________________

**Medical Information:**
Family Doctor:______________________________________________Phone #:___________________________

Allergies?:________________________________________________________

Medications:__________________________________________________________________________________

Medical Conditions:____________________________________________________________________________
___________________________________________________________________________________________

I,_________________________________________give the staff of Wilmington University permission to assess any accident, illness, or injury that may occur to me/my child while participating in activities/trips. I also give them permission to seek medical treatment for me/my child if their assessment of the situation deems medical treatment is necessary. I also give any medical personnel permission to treat me/my child as they deem necessary.

Participant’s Name (Print):______________________________________________________________
Participant’s Signature:________________________________________Date:____________________

Parent/Guardian’s Name (Print):___________________________________________________________
Parent/Guardian’s Signature:________________________________________Date:____________________

*(Required for Participants Under 18)*
Wilmington University
Team/Student Group Trip Itinerary Form

This form is to be completed and submitted **at least one week prior** to the departure date to the appropriate University personnel:

<table>
<thead>
<tr>
<th><strong>Type of Trip</strong></th>
<th><strong>Submit to:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Travel</td>
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<td>All Other Travel</td>
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</tr>
</tbody>
</table>

Student Group:_______________________________ Date of departure:________________

Time of departure from Wilmington University:________________

How will the team be traveling? □ Charter bus □ Airplane □ Other____________________

If flying, from which airport will you be departing:______________________________

Is the team taking a charter bus to the airport? If not, how will team members get to the airport?____________________________________________________________________

Name of airline carrier:________________________________________________________

PLEASE ATTACH TRAVEL ITINERARY & COPY OF HOTEL RESERVATION.
ATTACH COPIES OF ROOM LISTS FOR ALL HOTELS.

Per University policy, you may only put up to 3 students in one room. Up to four students may be permitted to be in a room provided the students are in agreement to this arrangement and documentation is provided to the appropriate administrator prior to the trip.

Did the students receive meal money for the trip? □ Yes □ No

How much meal money did each student receive?_____________________________

List all tournaments, games, or activities in which the group will be participating.

<table>
<thead>
<tr>
<th>Date</th>
<th>Game or Tournament/ Activity</th>
<th>Site</th>
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<tbody>
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</tbody>
</table>

Date of arrival back to Wilmington University:__________________________________

Estimated time of arrival back to Wilmington University:_________________________