

Field Trip by Private Vehicle Driver Statement

This form must be completed and on file at school site prior to each field trip

School Name:	Trip Date:
Class/teacher taking trip:	Destination:
Driver Name: Driver Birth Date:	Driver License #: Driver License Expiration Date:
Driver Home Phone: Driver Cell Phone:	Home Address:
Have you had a moving violation and/or accident within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date of incident and explanation:	Do you have any physical condition, driving restrictions or are you taking medication which would affect driving safety? <input type="checkbox"/> Yes <input type="checkbox"/> No
Registered Owner of Vehicle:	Registration Expiration Date:
Automobile Year/Make/Model	Vehicle License #:
Seating capacity of vehicle for students: _____ Personal vehicle may not be designed to carry more than 10 people including the driver.	
Insurance Carrier:	Agent Name: Phone #:
Policy Number:	Policy Expiration Date:
Required automobile liability insurance with the following limits: Combined single limit \$300,000 (bodily injury/property damage); <u>or</u> \$100,000 each person, \$300,000 each accident (bodily injury); \$25,000 property damage. Is this an assigned risk policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Volunteer and Chaperone Form completed and on file with school: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Copies attached: Driver License Vehicle Registration Proof of Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTE: If you drive your personal automobile for approved District purposes and you are involved in an accident, by law your liability insurance policy is used first. (California Vehicle Code section 17150) The District liability policy would be used only after your policy limits have been exceeded. The District does not cover, nor is it responsible for, comprehensive and collision coverage to your vehicle. A person driving their personal automobile for approved District purposes will be responsible for any costs associated with moving violations and parking violations incurred during such driving.

ACKNOWLEDGEMENT: I certify the above information is correct and the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the District, in writing, of any changes in the above information. I further certify that the above vehicle is mechanically safe, and that I have read and understand the District Driver Instructions.

Driver Signature

Date

SCHOOL APPROVAL

I have reviewed the above and approve the use of this vehicle for the purpose stated.

School Site

Date