



# Field Trip Driver Form

Driver's Name: \_\_\_\_\_

Driver's License No. & State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Make/Model of Vehicle: \_\_\_\_\_ Vehicle License No.: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Coverage:	Bodily Injury - Per Person	\$ _____
	Bodily Injury - Per Occurrence	\$ _____
	Medical Payments	\$ _____
	Property Damage	\$ _____

I certify that the above information is correct and that 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.

I understand that if I drive my personal automobile while on school business and I am involved in an accident, by law my own insurance policy is used first. The District liability policy would be used only after my liability policy limits for my vehicle have been exceeded. The District does not insure, nor is it liable for, comprehensive and collision coverage.

I certify that the above information is correct and that I have a VALID California Drivers License, ACTIVE automobile insurance, and seat belts for EACH individual.

Date: \_\_\_\_\_ Vehicle Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Driver's Signature: \_\_\_\_\_

School _____
Class/Group _____
Destination _____
Date of Trip _____
Driver is (check one)
<input type="checkbox"/> An employee of the District
<input type="checkbox"/> Adult other than the parent of a student making the trip
<input type="checkbox"/> Parent/guardian of a student making the trip
Relationship to student _____