



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 _____