

# EDUCATIONAL FIELD TRIP FORM 2015-16

Student Name: \_\_\_\_\_ Student Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Teacher: \_\_\_\_\_ Teacher: \_\_\_\_\_

Room: \_\_\_\_\_ Room: \_\_\_\_\_ Room: \_\_\_\_\_

**PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND DO NOT FORGET TO SIGN THE BACK. FORMS MUST BE SUBMITTED ONE WEEK PRIOR TO FIELD TRIP. THANK YOU!**

Thank you for volunteering your services to assist in transporting children, including if you are only driving your own child, on a school-sponsored activity or activities. Prior to using a private automobile for an educational field trip, the driver must complete, sign, and have this form on file in the school office. This form must be completed at least once each school year and each time the information on the form changes.

**DRIVER INFORMATION**  
**(Chaperones please complete Conditions/Restrictions/Agreement and sign and date.)**

Driver (circle one):    Employee                  Parent/Guardian                  Volunteer

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: (    ) \_\_\_\_\_ Cell Phone Number: (    ) \_\_\_\_\_

**DRIVER VEHICLE INFORMATION**

Name of Owner: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Address: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate No.: \_\_\_\_\_ Registration Expiration \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

*(Excluding front passenger seat if there is a front passenger air bag)*

**DRIVER INSURANCE INFORMATION MUST BE ATTACHED**

Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**\*\*A copy of your insurance "Declaration Page" showing policy limits, names and vehicle insured and expiration date must be attached to this form\*\*** If your policy expires during the 2015-16 school year, please provide updated information to the school office. Proof of insurance cards are not accepted. "Continuous until Canceled" is not accepted as an expiration date.

**REQUIRED LIMITS:**    Bodily Injury: \$100,000/\$300,000                  Property Damage: \$ 50,000

(OVER – Please complete both sides of this form.)

## DRIVER / CHAPERONE CONDITIONS / RESTRICTIONS

- The vehicle capacity is one passenger per seat belt. All passengers shall use their seat belts.
- **No child under 12 years of age may sit in the front seat.** Use of child car seats shall be in accordance with law. (As of January 1, 2012, all children under 8 or less than 4'9" must be properly placed in a car seat or booster seat in the back seat of the vehicle.)
- The vehicle is in a safe operating condition based on inspection by me as to lights, horn, turn signals, brakes, tires, and suspension.
- I have no physical limitations that would adversely affect my ability to drive safely.
- My cell phone will be used only in the case of an emergency while on District business.
- I am not taking any medication that would adversely affect my ability to drive safely.
- I have no prior convictions for driving under the influence, nor will I consume any alcoholic beverages or other drugs while on a school-sponsored trip or excursion.
- I have not been convicted nor have pending charges of a misdemeanor or felony.

Please Note: If you drive your personal automobile while on district business and you are involved in an accident, by law your liability insurance policy is used first. 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.

## DRIVER / CHAPERONE AGREEMENT

**CHAPERONE/DRIVER:** I certify all information on this form is correct.

**DRIVER:** The insurance coverage is in force and I agree to advise the District in writing of any changes in the above information. I understand that my insurance is primary in case of an accident and that the Mill Valley School District accepts no responsibility for damage or loss to my vehicle. All passengers will wear seat belts and follow applicable California laws.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Approval \_\_\_\_\_ Date \_\_\_\_\_

**Note: This form expires June 30 and must be renewed each year.**