

# **Field Trip**

## **Insurance Requirements For Personal Vehicles**

**Thank you for being willing to transport students on school field trips. By law, we are required to have proof of your insurance on file [REDACTED]. All drivers are required to carry not less than 100,000 (per person) and 300,000 (per accident) when transporting children.**

**Please submit a copy of your current insurance coverage showing liability limits along with the driver request form.**

**VISTA UNIFIED SCHOOL DISTRICT**  
**DRIVER'S PERMISSION FOR USE OF PRIVATE VEHICLE TO TRANSPORT STUDENTS**

*This form must be completed and returned to the administrator in charge at least 24 hours prior to activity. The 24 hour requirement will be waived in an emergency if previously arranged transportation has been canceled.*

Date Submitted \_\_\_\_\_ Date of Activity \_\_\_\_\_ Advisor/Teacher \_\_\_\_\_

Purpose of Activity \_\_\_\_\_

Destination of Activity \_\_\_\_\_

California Education Code §35330 – Excursions and field trips

“.....All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.....”

**DRIVER'S PROOF OF INSURANCE COVERAGE:**

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Expiration \_\_\_\_\_

Name of Local Agent \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Limits of Liability \_\_\_\_\_ Property Damage \_\_\_\_\_

**VEHICLE** (Make/Model/Year) \_\_\_\_\_ Car License # \_\_\_\_\_

Registered Owner \_\_\_\_\_ Safe Operating Condition?  Yes  No

**DRIVER** \_\_\_\_\_ California Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Driver Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Has driver had any moving violations in the past 12 months?  Yes  No Age of Driver if under 21 \_\_\_\_\_

Has driver had any accidents in the past twelve (12) months?  Yes  No

If yes to either question, please explain: \_\_\_\_\_

\_\_\_\_\_

**I UNDERSTAND THE FOLLOWING CONDITIONS:**

1. Permission is also hereby granted to any adult to seek and obtain medical assistance and services for said student while on such field trip or activity.
2. Private insurance coverage will be primary; district insurance will be secondary.
3. *Parent Permission Slips* will be required of ALL students and must be in the possession of the driver and must be delivered to the administrator.
4. The only person approved to drive will be the driver designated above.
5. The driver accepts responsibility to provide a vehicle which is in safe operating condition.
6. ALL passengers will be accompanied in seats equipped with seat belts.

\_\_\_\_\_  
SIGNATURE OF PARENT IF DRIVER IS UNDER 21 YEARS OF AGE  
*(The district reserves the right to verify signatures).*

\_\_\_\_\_  
SIGNATURE OF DRIVER

APPROVAL OF SITE ADMINISTRATOR \_\_\_\_\_

DATE \_\_\_\_\_