

MILL VALLEY SCHOOL DISTRICT

USE OF PRIVATE CARS FOR FIELD TRIPS \*

(This form is to be completed on the day of the field trip, with original to office and copy to teacher)

As a driver of a car on a school field trip, I certify that to the best of my knowledge:

- The car is in a safe driving condition
• I have a valid driver's license
• I have at least \$5,000 Medical Payments insurance and am aware of any restrictive clauses in the insurance policy (i.e., seat belts, etc.)
• I have at least \$100/300/25 liability insurance (\$100,000 per person/\$300,000 per occurrence/\$25,000 property damage.)
• I have a federally approved child safety seat in my car and I will be sure that any child less than 6 years old or weighing less than 60 pounds whom I transport will be restrained in said seat.
• I will require each passenger to use a safety belt and will not seat a child in an air bag equipped seat and will place students in child restraint systems (booster seats) when needed.

Teacher \_\_\_\_\_ Date of Trip \_\_\_\_\_

Trip Destination \_\_\_\_\_

Departure Time & Estimated Return Time: \_\_\_\_\_

Drivers: Please PRINT NAME and phone information below.

LEAVE CELL PHONES & PAGERS ON FOR DURATION OF FIELD TRIP

\_\_\_\_\_ Car/Cellular/Pager # if available: \_\_\_\_\_

\_\_\_\_\_ Car/Cellular/Pager # if available: \_\_\_\_\_

\_\_\_\_\_ Car/Cellular/Pager # if available: \_\_\_\_\_

\_\_\_\_\_ Car/Cellular/Pager # if available: \_\_\_\_\_

\_\_\_\_\_ Car/Cellular/Pager # if available: \_\_\_\_\_

\_\_\_\_\_ Car/Cellular/Pager # if available: \_\_\_\_\_

\_\_\_\_\_ Car/Cellular/Pager # if available: \_\_\_\_\_

\_\_\_\_\_ Car/Cellular/Pager # if available: \_\_\_\_\_

Teacher Cell Phone # \_\_\_\_\_