

FIELDTRIP DRIVER INFORMATION FORM

All fieldtrip drivers are to complete and sign this form. A copy of a valid driver's license and proof of current insurance are to be attached.

Driver's Name _____ Date of Birth _____

Driver's License # _____ Date of Expiration _____

Auto License # _____ Registration Expiration Date _____

Year and Make of Car _____

of Seat Belts for Children _____

List any condition, medication or driving restrictions that would affect your driving _____

Insurance Company _____ Policy # _____

Date of Policy Expiration _____ Liability Limits* _____

* *Please note:* The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 25 years of age or older, possess a valid driver's license, have the current vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature

Date