



Santa Rosa Academy
Field Trip Driver Form

My Student _____ has my permission to be transported to the event listed below by the following person:

Parent/Guardian Signature _____ Date _____

Driver's Name _____

Driver's License Number & State _____ Expiration Date _____

Make/Model Vehicle _____ Vehicle License No. _____

Name of Insurance Company _____ Expiration Date _____

Coverage:

Bodily Injury \$ _____

Bodily Injury- Per Occupant \$ _____

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 Santa Rosa Academy 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 vehicle while on school business and I am involved in an accident, by law, my own insurance policy is used first. The school does not insure, nor is it liable for damage to my own vehicle.

I certify that the above information is correct and that I have a valid driver's license, active automobile insurance and seat belts for each individual.

Vehicle Owner's Signature _____ Date: _____

Driver's Signature _____ Date: _____

Field Trip Information:

Location/Site _____ Date of Field Trip _____

Driver is (Check One):

Parent of the Student making the trip

Adult other than the parent of student making the trip

Principal's Approval _____ Date: _____