



RVSD FIELD TRIP DRIVER FORM

PLEASE COMPLETE ONE FORM PER FAMILY, AND DON'T FORGET TO REVIEW AND SIGN THE BACK. PLEASE TURN IN NO LATER THAN ONE WEEK PRIOR TO FIELD TRIP.

Student/s' Name/s: _____ School Year _____

School/s: (circle all that apply): Brookside Hidden Valley Manor Wade Thomas White Hill

Thank you for volunteering to transport children, **including if you are only driving your own child**, on school-sponsored activity/ies. Prior to using a private automobile for an educational field trip, the driver/s must complete, sign, and return this form to the school office. This form must be completed at least once each school year and each time information changes.

DRIVER INFORMATION

Driver 1 (circle all that apply): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____

Driver License No.: _____ State: _____ Expiration Date: _____

Telephone Number: (_____) _____ Cell Phone Number: (_____) _____

Driver 2 (circle all that apply): Employee Parent/Guardian Volunteer

Name: _____ Date of Birth: _____

Address: _____

Driver License No.: _____ State: _____ Expiration Date: _____

Telephone Number: (_____) _____ Cell Phone Number: (_____) _____

VEHICLE INFORMATION

Vehicle 1 Name of Owner: _____ Make: _____ Model: _____

Year: _____ Color: _____ License Plate No.: _____ Registration Expiration: _____

Vehicle 2 Name of Owner: _____ Make: _____ Model: _____

Year: _____ Color: _____ License Plate No.: _____ Registration Expiration: _____

INSURANCE INFORMATION FOR EACH VEHICLE USED MUST BE ATTACHED

Vehicle 1 Insurance Company: _____ Expiration Date: _____

Vehicle 2 Insurance Company: _____ Expiration Date: _____

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

REQUIRED LIMITS: Bodily Injury: \$100,000/\$300,000 Property Damage: \$ 25,000

FORM CONTINUES ON BACKSIDE

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CONDITIONS / RESTRICTIONS / AGREEMENT
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Please read and initial each item.

	I understand that the vehicle capacity is one passenger per seat belt. Current California Law (Vehicle Code Section 27360) requires that children under the age of 8 must be secured in a car seat or booster seat in the back seat. Children who are 8 years of age OR have reached 4'9" in height may be secured by a booster seat, but at a minimum must be secured by a safety belt.
	Use of child car/booster safety seats shall be in accordance with law, and the only car/booster seat a child may use is one that has been provided by his/her parent/guardian. <u>No child may sit in a front seat with an airbag unless s/he is 8 years of age or is 4'9" or taller and does not require a child safety seat.</u>
	The vehicle is in a safe operating condition based on inspection by me as to lights, horn, turn signals, brakes, tires, and suspension.
	I understand that I am only able to drive on a field trip if I have a valid California driver license or I am a non-resident on active military duty in California and have a valid driver license from my state of residence (in accordance with Board Policy and Administrative Regulation 3541.1).
	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. Music/DVDs must be appropriate for the age of the child/ren in my presence.
	I am not taking any medication that would adversely affect my ability to drive safely.
	I have no convictions within the past 5 years for driving under the influence, and I will not consume any alcoholic beverages or use other drugs while on a school-sponsored trip or excursion.
	I will adhere to all health and safety guidelines (requirements and recommendations) to prevent the spread of COVID-19 including <u>not volunteering if I am exhibiting any symptoms of COVID-19.</u>
	If I am unvaccinated (ie. not vaccinated, partially vaccinated, or decline to state), I agree to get a weekly COVID-19 test and will provide the test result to the school office each week.

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.

I CERTIFY THE ABOVE INFORMATION IS CORRECT AND THE INSURANCE COVERAGE IS IN FORCE AND 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 ROSS VALLEY SCHOOL DISTRICT ACCEPTS NO RESPONSIBILITY FOR DAMAGE OR LOSS TO MY VEHICLE.

Signature of Driver 1 _____ Date _____

Signature of Driver 2 _____ Date _____

Principal's Approval _____ Date _____

This form expires June 30 and must be renewed each school year as well as during the school year each time the information on the form changes.