



**FIELD TRIP DRIVER AUTHORIZATION FORM 2023-2024**

Student Name	Teacher/Room Number	Grade

PLEASE FILL OUT THIS FORM IN ITS ENTIRETY AND DON'T FORGET TO SIGN THE BACK.  
 THIS FORM MUST BE TURNED IN ONE WEEK PRIOR TO FIELD TRIP.

**DRIVER INFORMATION**

DRIVER (circle one):      Employee                  Parent/Guardian                  Volunteer

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

California Driver's License No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cell Phone Number: (    ) \_\_\_\_\_ Alternate Number: (    ) \_\_\_\_\_

Name of Vehicle Owner: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Address: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate No: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_ \*Seating Capacity: \_\_\_\_\_

\*Excluding front passenger seat if there is a front passenger air bag.  
 Place children 12 and younger in the back seat. The rear seat is the safest for children.

**INSURANCE REQUIREMENTS**

**REQUIRED LIMITS - Bodily Injury: \$100,000 Per Person / \$300,000 Per Occurrence / Property Damage: \$25,000**

Insurance Company: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**INSURANCE INFORMATION MUST BE ATTACHED**

A copy of your insurance "Declaration Page" showing policy limits, names and vehicle insured and expiration date must be attached to this form.

**PLEASE COMPLETE REVERSE SIDE**

## CONDITIONS AND RESTRICTIONS

**Please initial that you have read and agree to abide by these conditions and restrictions:**

- I will ensure that my passengers will be secured properly in individual seat belts as required by law and will follow the rules of the road.
- Use of child car seats shall be in accordance with the law. California law, effective January 1, 2012, states that all children under age 8 or less than 4'-9" must be properly placed in a car seat or booster in the rear seat.
- No child may sit in a front passenger seat with an airbag.
- I have inspected this vehicle's lights, horn, turn signals, suspension, and tires. They are in safe working order.
- I have no physical limitations that would adversely affect my ability to drive safely, including, but not limited to, blackouts, seizures, or release from an alcohol or detoxification facility within the last 6 months.
- I am not taking any medication that would adversely affect my ability to drive safely.
- I have not consumed alcohol in the last 8 hours nor will I consume any alcoholic beverages or other drugs while on a school-sponsored field trip or athletic event. I have no prior convictions for driving under the influence.
- I have no prior convictions for violent or serious felonies as listed and described in subdivision (c) of Section 667.5, Section 192.7 and Section 44010 of the Penal Code.
- I am an adult over the age of 25.
- I agree to abide by all laws regarding cell phones while driving. I will use my cell phone only in case of an emergency.
- I agree not to play videos for students while on a school-sponsored trip.
- I agree not to make any unscheduled stops to or from the destination (except in an emergency).
- I agree that younger siblings may not attend the field trip or excursion.

**DID YOU REMEMBER TO:**

- \_\_\_\_\_ Complete this form in its entirety
- \_\_\_\_\_ Provide driving record - Download at <https://www.dmv.ca.gov/portal/customer-service/request-vehicle-or-driver-records/online-driver-record-request/>
- \_\_\_\_\_ Provide a copy of a valid Insurance "Declaration Page" stating policy limits, vehicle insured & expiration dates

**By signing below:**

I certify that the above information is correct and that the insurance information is in force.

I understand that I must immediately notify the Kentfield School District of any changes to my driver's license validation or record, or if my insurance coverage expires or the coverage no longer meets the specified requirements.

I certify that my insurance is primary in case of an accident, and that the Kentfield School District accepts no responsibility for damage or loss to my vehicle.

Signature of Driver \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This form expires at the end of the current school year and must be renewed each year.**