## **KENTFIELD SCHOOL DISTRICT**



## FIELD TRIP DRIVER AUTHORIZATION FORM

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.

THIS TOTAL WOOD BE TOTALED IN ONE WEEK THIS K TO THEED THAT		
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: Model: Model:		
License Plate No: *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 safetly, 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 safetly.		
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 have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past ten years.		
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-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-records/online-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-request-vehicle-or-driver-record-record-request-vehicle-or-driver-record-rec		
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.