

Field Trip Driver Information Use of Personal Vehicle

I. School Information

School Name _____ Grade Level(s) _____
Indicate trip information under item III

II. Driver Information

Name of Driver* _____ Driver License No. _____
 Address _____ Phone No. _____
 Vehicle Make/Model/Yr _____ License Plate No. _____
 Name of Insurance Company _____

Note: Driver must meet the California's V.c. Sees. 16000-16075 Liability Insurance of \$15,000-\$5,000 Bodily Injury/Property Damage.

**Must be 25 years or older and have a valid California Driver License.*

I hereby understand and agree that the Cupertino Union School District does not provide any coverage against loss for Personal Injury Liability, Bodily Injury, and Property Damage that may occur through the operation of any personal vehicle. To the best of my knowledge, my vehicle is in good operating condition and I accept full liability for my driving and operation of the vehicle.

Driver/Owner of Vehicle _____ Date _____
Signature

III. Trip Information

	Date of Trip	Date of Return	Destination (Est. Miles)	Purpose of Field Trip
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Reviewed by Administrator _____ Date _____
Signature

. This report should be kept on file in the school office for one year.