

Child/ren's Family Name _____

Grade & Section _____

Grade & Section _____

Grade & Section _____

VILLA ACADEMY

FIELD TRIP

DRIVER INFORMATION FORM

To be kept on file in the school office.

I. DRIVER:

Name: _____

Date of Birth: _____

Address: _____

Daytime Phone: _____

Driver's License #: _____

Date of Expiration: _____

II. FIRST AID KIT

As a safety measure, my vehicle contains a First Aid Kit.

YES

NO

III. VEHICLE:

Name of Owner: _____

Model of Vehicle: _____

Address of Owner: _____

Make of Vehicle: _____

Year of Vehicle: _____

License Plate #: _____

Registration Expiration Date: _____

IV. INSURANCE INFORMATION:

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Carrier: _____

Policy #: _____

Policy Expiration Date: _____

Liability Limits of Policy*: _____

**Please note: The minimum recommended liability limit for privately-owned vehicles is \$100,000/\$300,000.*

V. CERTIFICATION:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license and vehicle registration. I also understand that the liability insurance on my vehicle is primary insurance, and in the event of an accident my insurance will respond to any injuries or damage. To the extent that I am legally obligated to pay, I also agree to hold harmless Villa Academy, its board members, employees and staff from any claims, liabilities, damages, or expenses arising directly or indirectly from maintenance, ownership, or use of my vehicle.

(Signature)

(Date)