

**PRIVATE VEHICLE TRANSPORTATION FOR  
STUDENT'S OFF-SITE STUDENT EXPERIENCE  
POWAY UNIFIED SCHOOL DISTRICT  
13626 Twin Peaks Rd., Poway, CA 92064-3096**

Dear Parents:

There always seems to be a lot of confusion on field trip drivers. We're hoping to clear up any discrepancies. If you are interested in driving for a field trip, please fill out the information listed below and return it with a copy of your Driver's License and a copy of your Insurance Policy (**which shows the limits of coverage you have, expiration date, and names of those covered by the policy**). You must have the minimum coverage as indicated below:

**Bodily Injury.....\$100,000/300,000 per accident**

**Property Damage.....\$50,000 per accident**

**\*\*Medical Payments.....\$5,000 per individual**

\*\*Please check your policy. This is usually the most missed item. If you do not have this and would still like to drive, please check with your insurance agent. Many times, this can be added to your policy specifically for this day at a nominal charge.

If you do not have the minimum coverage as stated by the Poway Unified School District, we will be unable to consider you as a driver for any field trips. This will also apply if you plan to drive just your student, as your student's attendance to the field trip falls under District policy.

No financial charge to the District shall be made for pupil transportation by private vehicle.

The number of passengers to be transported in any one vehicle shall not be more than the legal permissible number for the vehicle and in all cases no more than nine. The number of passengers is limited by the number of seat belts. All passengers under 6 years/60 pounds must be in a certified car seat.

**REMINDER: PLEASE INCLUDE COPY OF DRIVER'S LICENSE AND INSURANCE POLICY.**

~~~~~TEAR OFF AND RETURN TO SCHOOL~~~~~

1. I have read and understand the above requirements and limitations. I meet the minimum insurance requirements, and I realize that no financial charges shall be made to the District for pupil transportation which I provide.

2. I am aware of the liability immunity provisions of Education Code 35330 which states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

3. I recognize that my insurance carrier will have primary liability in case of an accident. The necessary policy information is as follows:

|                           |               |                 |
|---------------------------|---------------|-----------------|
| Name of Insurance Carrier | Policy Number | Expiration Date |
|---------------------------|---------------|-----------------|

4. Transportation provided by me will accommodate \_\_\_\_\_ number of passengers. The vehicle will be driven by the following named adult:

|                |                |                 |
|----------------|----------------|-----------------|
| Name of Driver | License Number | Expiration Date |
|----------------|----------------|-----------------|

5. I certify that I have a valid, non-restricted California Drivers' license.

**NOTE: This signed statement must be filed with the school's principal before the trip and kept for at least one year following the conclusion of this trip.**

|                  |         |
|------------------|---------|
| Parent Signature | Date    |
| Student Name     | Teacher |