

**VISTA UNIFIED SCHOOL DISTRICT
DRIVER'S PERMISSION FOR USE OF PRIVATE VEHICLE TO TRANSPORT STUDENTS**

This form must be completed and returned to the administrator in charge at least 24 hours prior to activity. The 24 hour requirement will be waived in an emergency if previously arranged transportation has been canceled.

Chris Findell/
Miriam Gardner

Date Submitted _____ Date of Activity Various Dates Advisor/Teacher _____

Purpose of Activity All Volleyball Matches/Tournaments/Events

Destination of Activity Various School Site Locations

California Education Code §35330 – Excursions and field trips

“.....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.....”

DRIVER'S PROOF OF INSURANCE COVERAGE:

Name of Insurance Company _____ Policy # _____ Expiration _____

Name of Local Agent _____ Address _____ Phone _____

Limits of Liability _____ Property Damage _____

VEHICLE (Make/Model/Year) _____ Car License # _____

Registered Owner _____ Safe Operating Condition? Yes No

DRIVER _____ California Driver's License # _____ Expiration Date _____

Driver Address _____ City _____ Zip _____ Phone _____

Has driver had any moving violations in the past 12 months? Yes No Age of Driver if under 21 _____

Has driver had any accidents in the past twelve (12) months? Yes No

If yes to either question, please explain: _____

I UNDERSTAND THE FOLLOWING CONDITIONS:

1. Permission is also hereby granted to any adult to seek and obtain medical assistance and services for said student while on such field trip or activity.
2. Private insurance coverage will be primary; district insurance will be secondary.
3. *Parent Permission Slips* will be required of ALL students and must be in the possession of the driver and must be delivered to the administrator.
4. The only person approved to drive will be the driver designated above.
5. The driver accepts responsibility to provide a vehicle which is in safe operating condition.
6. ALL passengers will be accompanied in seats equipped with seat belts.

SIGNATURE OF PARENT IF DRIVER IS UNDER 21 YEARS OF AGE
(The district reserves the right to verify signatures).

SIGNATURE OF DRIVER

APPROVAL OF SITE ADMINISTRATOR _____

DATE _____