

Gorman Learning Center
1902 Orange Tree Lane, Suite 170
Redlands, CA 92374

FIELDTRIP DRIVER FORM

Driver's Name: _____

Driver's License No. & State: _____ Expiration Date: _____

Make/Model Vehicle: _____ Vehicle License No.: _____

Name of Insurance Company: _____ Expiration Date: _____

Coverage:

Bodily Injury - Per Person \$ _____
Bodily Injury - Per Occurrence \$ _____
Medical Payments \$ _____
Property Damage \$ _____

I certify that the above information is correct and that the insurance coverage is in force. I understand I must have liability insurance coverage in force and agree to advise the School of any changes in the above information. I further certify that the above vehicle is mechanically safe.

I understand that if I drive my personal automobile while on school business and I am involved in an accident, by law my own insurance policy is used first. The School does not insure, nor is it liable for damage to my own vehicle.

I certify that the above information is correct and that I have a VALID California Drivers License, ACTIVE automobile insurance, and seat belts for each individual.

Date: _____ Vehicle Owner's Signature: _____

Date: _____ Driver's Signature: _____

Fieldtrip Information

School: _____

Teacher / Group: _____

Destination: _____

Date of Fieldtrip: _____

Driver is (check one):

- Employee of the School.
- Adult other than the parent of a student making the trip
- Parent/guardian of a student making the trip – Relationship to student: _____

Returned to School on: _____ Initials: _____

Program Director's Approval: _____ Date: _____