

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT  
Volunteer Driver Information**

<b>DRIVER INFORMATION:</b> <i>(please print)</i>			
Name: _____			
Address: _____			
Street	City	State	Zip Code
Driver's License Number: _____ / _____ Date of Birth _____ / _____ / _____			
Number	State	Month	Day Year
Driver's License Expiration Date: _____			
<b>Please attach a current copy of Driver's License, if available.</b>			
<b>VEHICLE INFORMATION:</b> <i>(please print)</i>			
Make: _____ Model: _____ Year: _____			
Vehicle License Number: _____			
Registered Owner: _____ Phone Number: ( ) _____			
Address: _____			
Street	City	State	Zip Code
<b>INSURANCE INFORMATION:</b> <i>(please print)</i>			
Insurance Carrier: _____			
Insurance Agent: _____ Phone Number: ( ) _____			
Address: _____			
Street	City	State	Zip Code
Policy Number: _____			
Date Issued: _____ Expiration Date: _____			
Limits of Liability: _____			
_____			

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 possess a valid driver's license, have the proper and current license and vehicle registration, and have at least the minimum insurance coverage in effect as specified in the *California Vehicle Code* on any vehicle used to transport students. I hereby certify that the vehicle being driven is in good mechanical and operational condition and I have no knowledge of mechanical defects which could impose a danger while transporting students. I indemnify and save harmless the Palos Verdes Peninsula Unified School District ("District") from any and all claims or causes of action by whomever or wherever made or presented including, but no limited to personal injuries, property damage or death resulting from voluntary transportation activities. I acknowledge that the "District" does not carry insurance for damage of liability on private vehicles. I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years and that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear all responsibility for any losses or claims for damages. I certify that I have received and will abide by the driver instructions provided by the "District". I agree to transport no more than the number of persons the automobile is designed to carry, but not more than 10 persons per vehicle.

**I give my permission to allow the Palos Verdes Peninsula Unified School District to obtain my motor vehicle record from the Department of Motor Vehicles.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name - Please Print)

**CHAPERONE FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION – Page 1 of 2**  
(To be completed by adult accompanying class/group on trip)

School: \_\_\_\_\_ Destination: \_\_\_\_\_

Departure Date & Time: \_\_\_\_\_ Return Date & Time: \_\_\_\_\_

Departure Location: \_\_\_\_\_ Return Location: \_\_\_\_\_

**MEDICAL AUTHORIZATION AND WAIVER**

I am aware and acknowledge that any activity covered by this notice and authorization, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for me to participate in the activities covered by this permission slip, I do hereby agree as follows:

1. 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.
2. In the event of illness or injury, I consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That I am solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services, including all charges not covered by insurance.
4. To indemnify and hold harmless the Palos Verdes Peninsula Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with or result from, any routine and/or emergency medical services, or my participation in any activities covered by notice and authorization.

**A Special Note to Chaperones:**

1. All medications taken by you while participating in the activities covered by this permission form must be prescribed by a physician and registered on this form.
2.  Check here if you have a special medical condition that the District should be aware of, and, if medication will be required on the trip concerning this condition.
3. I am allergic to the following medications: \_\_\_\_\_
4. I am allergic to the following foods, materials, etc.: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No(s): \_\_\_\_\_

Medical Insurance Carrier	Policy Number	Address
In the event of illness or accident, please notify:		
Name	Address	Phone
3-801		

**CHAPERONE FIELD TRIP NOTICE AND MEDICAL AUTHORIZATION – Page 2 of 2**  
(To be completed by adult accompanying class/group on trip)

**REQUIRED SIGNATURES:**

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.

I acknowledge that I have read, understand and agree to follow all provisions of Board Policy 6153 and accompanying Administrative Regulations. If a bus is used, I have provided instruction concerning the bus safety evacuation procedures to this trip or plan to provide such instruction prior to the commencement of the trip, as required by TITLE 5, Section 14255.

Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

Chaperone: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: This form must be kept with the teacher during the entire activity, and a copy must be kept on file at the school site.**

Distribution: White-School, Yellow-Teacher, Pink-Media Services (approved copy only)