

# CATHOLIC MUTUAL . . . "CARES"

## FIELD TRIP

### TRANSPORTATION POLICY

Bus transportation is the most desirable method to be utilized for any field trip and whenever possible, this mode of transportation should be provided. The use of private passenger vehicles is discouraged and should be avoided if at all possible.

If a private passenger vehicle must be used, then the following information must be supplied and this information must be certified by the driver in question (see form attached).

1. The driver must be 21 years of age or older.
2. The driver must have a valid, non-probationary driver's license and no physical disability that could in any way impair his/her ability to drive the vehicle safely.
3. The vehicle must have a valid and current registration and valid and current license plates.
4. The vehicle must be insured for the following minimum limits:  
\$100,000 per person/\$300,000 per occurrence.

A signed Driver Information Sheet on each vehicle must be submitted to the principal prior to the field trip.

Each driver and/or chaperon should be given a copy of the approved itinerary including the route(s) to be followed and a summary of his/her responsibilities. For field trips other than interscholastic athletic field trips, the following supervision requirement should be maintained; for every ten students, there should be one adult.

\* Please fill in Page 2 if you are driving extra students to and from games.

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**SCHOOL SAFETY  
FIELD TRIP  
(DRIVER INFORMATION SHEET).**

**DRIVER**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

**VEHICLE THAT WILL BE USED**

Name of Owner \_\_\_\_\_ Model of Vehicle \_\_\_\_\_ Make of Vehicle \_\_\_\_\_  
Address Of Owner \_\_\_\_\_ Year of Vehicle \_\_\_\_\_ License Plate # \_\_\_\_\_  
Date of Expiration \_\_\_\_\_ Registration Expiration Date \_\_\_\_\_

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

**INSURANCE INFORMATION**

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

Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Date of Policy Expiration \_\_\_\_\_

Liability Limits of Policy\* \_\_\_\_\_  
\*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.

**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, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature \_\_\_\_\_ Date \_\_\_\_\_