

**TRUMBULL PUBLIC SCHOOLS
TRUMBULL, CONNECTICUT**

STUDENT/TEACHER/PARENT DRIVER FORMS – FIELD TRIPS **

NAME _____ TELEPHONE _____
ADDRESS _____ SCHOOL _____

I am aware that I must have liability insurance coverage in order to be eligible to drive school children on field trips and that in the event of an accident, my liability insurance becomes primary – the town insurance will meet coverage where my insurance coverage terminates. Furthermore, I agree to comply with all laws relating to driving, including requiring the use of seat belts in my car.

Student/Teacher/Parent Signature

Date

Insurance Carrier

Date of Trip

Policy Number

* Must be completed one week prior to each field trip.

** A student/parent will not transport any child with medical needs or who receives medication.