Diablo Valley Montessori School
School Field Trips Acknowledgement Form

I hereby offer to provide transportation for students and adults of Diablo Valley Montessori School for one or more field trips during the school year. I hereby acknowledge and confirm the following:

1. I possess a current and valid California Drivers License and have provided a copy of my driver’s license with this acknowledgement form.

2. I carry liability insurance in the amount of ___________. (The minimum liability insurance required by the State of California is $15,000.00 for injury liability for one person in an accident, $30,000.00 for all injuries in an accident, and $5,000.00 for property damage in an accident). The name of my insurance provider is ______________________________. I will provide proof of insurance with this acknowledgment form and will update DVMS if any information has changed prior to driving any child on a field trip.

3. I agree to drive in a safe and cautious manner and to notify the school immediately in the event of an accident or injury during a DVMS field trip. Driving in a safe manner includes, but is not limited to, not using a cell phone or Smartphone device, including a hands-free device, while driving. Using a hands-free cell phone for GPS is acceptable.

4. I will carry no more passengers than my vehicle is designed to carry.

5. I have a clean driving record indicating no traffic violations in the past 3 years. I will notify DVMS should my driving record change as a result of any traffic violations. If I attend traffic school to clear my driving record then I may drive on a field trip. I give DVMS permission to review my driving record, or MVT, at the beginning of the school year and before I drive any DVMS student on a field trip, as DVMS deems necessary.

6. All passengers in my vehicle will wear seat belts and children eight or under will use child car seats appropriate for their age and weight as required by California law. If a child riding in my vehicle is using a car seat that is not provided by the child’s parents, I will notify or be sure the child’s teacher has notified the parent and determine that the child riding in a car seat that is
appropriate for his/her age and weight and is in compliance with California law. Under no circumstances will any child be permitted to ride in the front seat.

7. I will act responsibly while driving and will not use anything that could impair my judgment (such as alcohol or sleep inducing medications)

8. Diablo Valley Montessori reserves the right to decline offers of assistance from parents, guardians, and other volunteers, including but not limited to driving.

I hereby agree to the terms indicated in this form and I have read, understand, and agree to the conditions noted above. I will notify DVMS immediately if any of my information changes.

______________________________________________________________
Signature of Driver:

______________________________________________________________
Print Name:

______________________________________________________________
Address:

______________________________________________________________
Date:

______________________________________________________________
Phone Number:

Cell: __________________________

Driver’s License Number: