

**Liberty Union High School District**

**FIELD TRIP BY PRIVATE VEHICLE**

The following event is scheduled for the students of our school district. Please fill out and sign this notice and indicate if you will be available to assist in transporting students to this education experience.

**NAME:** \_\_\_\_\_

**Certificated person in charge:** \_\_\_\_\_

\_\_\_\_\_  
**Date of Trip**

\_\_\_\_\_  
**Destination**

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**Private Vehicle Pupil Minimum Requirements**

1. Insurance Public Liability

Bodily Injury	\$100,000/300,000 per accident
Property Damage	\$50,000 per accident
Medical Payment	\$2,000

2. Financial Charge

No financial charge to the District shall be made for pupil transportation by private vehicle.

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1. I understand these transportation minimum requirements and do carry insurance with:

Insurance Co.: \_\_\_\_\_

Effective Dates: \_\_\_\_\_

Policy#: \_\_\_\_\_ Limits: \_\_\_\_\_

2. Number of passengers I can transport: \_\_\_\_\_

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**\*Please provide a copy of driver's license and insurance policy, along with this form to the principal's office prior to the event\***