



CANBY COMMUNITY PRESCHOOL

2016-2017

FIELD TRIP INFORMATION AND VERIFICATION OF VEHICLE INSURANCE FORM

Field trips are scheduled periodically throughout the year. If you do not want your child to participate in any field trip, the child must stay home that day. No supervision will be provided in the classroom.

My child, _____ (student's full name) has permission to accompany the Canby Community Preschool representatives on supervised field trips. I understand that volunteer parents will drive their private vehicles to provide transportation. Seat belts or other safety restraints will be used in all cases. If my child is under the age of eight (8) or weighs less than 80 pounds, I understand that it is my responsibility to provide a car seat or booster seat for my child.

Parent/Guardian Printed Name

Date

Parent/Guardian Signature

Date

If you are willing and available to drive children to and from field trip destinations, please complete the following:

We understand that our personal automobile insurance is the primary liability coverage in effect while we are performing volunteer duties for Canby Community Preschool activities and board/committee positions. We confirm that we do carry automobile insurance policies for all vehicles that may be used for transporting children and/or school business. We agree to maintain continuous coverage throughout the school year. **School policies request a \$100,000/\$300,000 minimum liability coverage level.**

Insurance Carrier (company, not agent) _____

Policy Number _____ Expiration Date _____

Agent's Name _____ Agent's Phone _____

We understand the school may request documentation of current coverage in effect.
If any of the above information changes, we will notify the school.

Parent/Guardian Signature

Driver License #

Parent/Guardian Signature

Driver License #

Date