

NORTHVILLE PUBLIC SCHOOL DISTRICT
Northville, Michigan

FIELD TRIP PERMISSION FORM

TRANSPORTATION BY PRIVATELY OWNED VEHICLES

My child/children, _____
Name of Student(s)

has/have my permission to attend the field trip to _____
School Sponsored Activity

_____ on _____
Destination Day/Date

I understand that my child will be transported by a privately owned car driven by an adult* and will be supervised at all times and that the Northville Public Schools cannot be held responsible for any accidents that may occur. I also understand the No Fault Insurance Law as it applies to students who are passengers in school district vehicles.

_____ Date

_____ Signature of Parent/Guardian

*Adults must be at least 21 years of age and may include parents, teachers, coaches, or other responsible adults.

*Names of adult drivers will be available in the office on the day of the field trip.

*Students under the age of 13 will be properly buckled in the back seat.

**No Fault Insurance Law
Students Who Are Passengers In Privately Owned Vehicles**

Personal Injury Protection for student's is covered by the student's family's automobile insurance in all cases except when there are no insured autos in the student's family. In cases where the student's family has no insured autos, Personal Injury Protection insurance is provided by the insurance company of the automobile in which the student is riding.

NORTHVILLE PUBLIC SCHOOL DISTRICT

Northville, Michigan

ADULT DRIVER - VERIFICATION FORM

Dear Adult Driver:

Thank you for volunteering to drive for one of our field trips. In order to insure the safety of the children and to comply with our school district policy, we must ask you to complete the following form and turn it into the supervising teacher prior to the field trip. We sincerely appreciate your help in making our field trips exciting and safe for the children.

	YES	NO
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|--|-------|-------|
| • I am at least 21 years of age. | _____ | _____ |
| • I own/lease the vehicle described below. | _____ | _____ |
| • Possess current and valid Michigan Driver's License, Certificate of Insurance and Registration. | _____ | _____ |
| • I will obey all motor vehicle driving laws. | _____ | _____ |
| • The student transportation vehicle is in safe operating condition. | _____ | _____ |
| • I have less than six active points on my driving record. | _____ | _____ |
| • I have full insurance including medical coverage. | _____ | _____ |
| • I have read the No Fault Law as it applies to transporting students and I understand that I may be transporting a child who does not have No Fault Insurance coverage. | _____ | _____ |
| • I have a seat belt for each passenger assigned to each vehicle, and each passenger will wear it during the entire field trip. | _____ | _____ |
| • I verify that students under the age of 13 years will not be seated in the front seat. | _____ | _____ |
| • I understand my automobile insurance provides primary coverage. | _____ | _____ |

I will have a first aid kit/universal precautions kit in my vehicle.

Vehicle Year	Make	Model	License Plate #
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My signature indicates that the above information is true.

Signature

Date