

# TRANSPORTATION FORM

Thank you for offering to transport students on a field trip. Please complete this form and return it to your child's teacher.

Student's Name \_\_\_\_\_

Your Name \_\_\_\_\_

Phone \_\_\_\_\_

Vehicle (circle one): Car Van Truck

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Period \_\_\_\_\_

Does this policy include medical coverage for passengers? (circle one): Yes No

Your Signature \_\_\_\_\_ Date \_\_\_\_\_