

BERKELEY PUBLIC SCHOOLS
Forms Instruction Manual

PAGE NUMBER (manual)

6-40

ALPHA FORM TITLE:

Field Trip Waiver (Student in Private Vehicle)

ACTUAL FORM TITLE:

Notification to Parent or Guardian of Students
 Riding in Private vehicles while Participating
 in a School Sponsored Trip or Activity.

FORM NO:

58

FORM EDITION

DATE:

7/92

DISTRIBUTION OF FORM:

COPY NUMBER	COLOR	SEND TO
1	white	After the appropriate signatures, the form is retained on site
2		
3		
4		
5		
6		
7		

INSTRUCTIONS:

USE: To be used when circumstances merit the use of private vehicles rather than district vehicles for a school sponsored trip or activity.

- 1) Teacher or designee fills out top portion. Distributes to parent(s).
- 2) Parent signs bottom and returns form to teacher before trip or activity.

Form not available at District Warehouse. Duplicate this form.

OFFICE RESPONSIBLE FOR FORM:

Transportation

TELEPHONE NUMBER:

644-6182

BERKELEY UNIFIED SCHOOL DISTRICT

NOTIFICATION TO PARENT OR GUARDIAN
OF STUDENTS RIDING IN PRIVATE VEHICLES
WHILE PARTICIPATING IN A SCHOOL SPONSORED TRIP OR ACTIVITY

Dear Parent:

Exceptional circumstances merit the use of private vehicles rather than district vehicles for the following special trip:

Date _____ Time: Departure _____ Return _____

Destination _____

Purpose _____

Driver: Teacher _____ Parent _____ Other _____

Our District's policy requires that the trip must be optional and students cannot attend without the consent of the parent. Although care and reasonable supervision shall be provided, your student will not be covered by the district's automobile liability insurance policy. We do require, however, that each driver carry insurance of at least \$500,000 per accident. You may also wish to review whether your own family health and accident insurance coverage is adequate for this trip.

Please sign below indicating that you consent to have your student participate in this special trip under the conditions described and that you waive all claims against Berkeley Unified School District for any injury, accident, illness or death occurring to your son/daughter named below during or by reason of the special trip described above other than Negligence of the District.

Principal _____ School _____ Date _____

Student's Name _____

Parent's Signature _____