

**TRUMBULL PUBLIC SCHOOLS  
TRUMBULL, CONNECTICUT**

**STUDENT/TEACHER/PARENT DRIVER FORMS – FIELD TRIPS \*\***

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ SCHOOL \_\_\_\_\_

I am aware that I must have liability insurance coverage in order to be eligible to drive school children on field trips and that in the event of an accident, my liability insurance becomes primary – the town insurance will meet coverage where my insurance coverage terminates. Furthermore, I agree to comply with all laws relating to driving, including requiring the use of seat belts in my car.

\_\_\_\_\_  
Student/Teacher/Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Carrier

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

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

\* Must be completed one week prior to each field trip.

\*\* A student/parent will not transport any child with medical needs or who receives medication.