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### **Travel and Activity Authorization**

I give permission for my child \_\_\_\_\_ to leave the Desert View Christian School Campus in the teacher's car or another authorized adult's car to go on specially arranged field trips. Any authorized driver will be licensed and insured. Information regarding field trips will be sent home prior to the trip.

Restrictions on such trips:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Effective from \_\_\_\_\_ until \_\_\_\_\_

### **Field Trip Driving Form**

If you wish to participate in school activities and field trips as an authorized driver please fill out the following:

Date \_\_\_\_\_

Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ (insurance card copy needed on file)

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

Insurance Coverage \$ \_\_\_\_\_

Driver's License Number \_\_\_\_\_ (copy needed on file)

\*Please let us know if and when there are any changes in the status of your Insurance or License. Thank you.

Signature \_\_\_\_\_