

# FIELD TRIP DRIVER INFORMATION

Dear Parents:

We are required by the Mississippi Board of Health to have on file information regarding our drivers for field trips. Our four and five year olds go on a number of field trips throughout the year. Since our parents provide transportation for these trips, we are asking that you fill in the attached form and return it to us. It will be placed in your child's file.

Date: \_\_\_\_\_

My Child's Name: \_\_\_\_\_

Child's Teacher: \_\_\_\_\_

**Parent Name #1:** \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_

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

Insurance Policy # \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Automobile Inspection Expiration Date (s): \_\_\_\_\_

**Parent Name #2:** \_\_\_\_\_

Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_

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

Insurance Policy # \_\_\_\_\_

Insurance Agent: \_\_\_\_\_

Automobile Inspection Expiration Date (s): \_\_\_\_\_