## PLEASE COMPLETE ONE FOR EACH CHILD

## Child's Name: Child's Grade:

## **PROOF OF INSURANCE STATEMENT**

The insurance carrier of St. John's Lutheran School requests that all persons who drive for any school activity must have adequate insurance. St. John's requires coverage to be at least \$100,000 per person, \$300,000 per accident, and \$100,000 property damage. Please read, complete and sign the form below and return it to your child's teacher if you wish to serve as a driver on a field trip or for an athletic event. Should you not complete this form you will not be allowed to transport children, other than your own, to school events.

Thank you for your prompt response.

## **VEHICLE INFORMATION**

YEAR	MAKE	MODEL	# OF SEAT BELTS	
YEAR	MAKE	MODEL	# OF SEAT BELTS	
DRIVER IN	FORMATION			
Name of Driv	er	CA Lic	#	
Name of Driver		CA Lic	_ CA Lic#	
INSURANCE INFORMATION				
Name of Insurance Company		F	Phone #	
Please indicate your public liability insurance coverage & policy numbers: Minimum insurance coverage to drive on field trips or athletic events is \$100,000 per person, \$300,000 per accident and \$100,000 property damage.				
Vehicle One	//		Policy #	
Vehicle Two	//		Policy #	
Signature		Date _	//	