

**PROOF OF INSURANCE
FOR PRIVATE VEHICLE**

DALLAS SCHOOL DISTRICT #2

Name _____

Date(s) of Trip/Activity _____

Trip/Activity _____

Insurance Carrier _____

Policy # _____ ODL # _____

- I fully understand the Dallas School District does not provide coverage for any physical damage to my vehicle or liability coverage for my actions as a driver while transporting students to this field trip/activity.
- I presently have automobile insurance that meets or exceeds minimum requirements as established by Oregon Law. I will notify the school if my coverage changes.
- I presently carry a valid license for driving a motor vehicle.
- My vehicle contains an adequate number of seat restraints, including, when applicable, a child safety system for a child who weighs less than 40 pounds, regardless of age; and the adult driver requires use of seat restraints by all passengers.
- My vehicle is designed to seat no more than 9 passengers.

Signature of Insured Driver

Date