

PARENT LIABILITY FORM

We appreciate your interest in helping to make our Field Trips a successful and safe educational experience for the children of IMA.

Please complete this form for our insurance purposes and for your own protection.

This form needs to be on file if you intend to transport any IMA student in your personal vehicle to and/or from school, during school hours.



I, _____, parent of _____, have personal auto insurance coverage.
(Print Name) (Student's Full Name)

My liability coverage includes (check all that apply):

- bodily injury property damage uninsured motorist underinsured motorist

Company Name: _____

Company's Phone: _____

Policy Number: _____

I will refrain from using a mobile phone (excluding hands-free devices) when transporting IMA students, except in the case of an emergency.

Parent's Signature

Date

Parent's Signature

Date

PLEASE NOTE:

If both parents/guardians are NOT on the same insurance policy, each parent/guardian needs to have a separate, signed form on file.