

Oxnard Union High School District  
309 S. K Street  
Oxnard, CA 93030

Rio Mesa High School  
545 Central Avenue  
Oxnard, CA 93036

**Parent Permission Form for  
Transporting Students in Privately-Owned Vehicles**

By OUHSD policy, students planning on traveling in privately owned vehicles on a district- or school-sponsored event must have this form on file. Please initial the answers that reflect your wishes.

1. My son/daughter, \_\_\_\_\_, has my permission to participate in the following event(s)  
\_\_\_\_\_ on the following date(s) \_\_\_\_\_. Yes \_\_\_\_\_ No \_\_\_\_\_

2. In addition, my son/daughter may be transported in a privately-owned vehicle driven by a faculty member, parent, or other qualified adult volunteer participating in the event(s). Yes \_\_\_\_\_ No \_\_\_\_\_

3. With specific approval from the faculty sponsor, my son/daughter also has my permission to transport him/herself to the event(s) in our family-owned vehicle. Yes \_\_\_\_\_ No \_\_\_\_\_

4. At the conclusion of the event(s), my son/daughter and I will be responsible for arranging his/her own transportation home from RMHS. Yes \_\_\_\_\_ No \_\_\_\_\_

5. This certifies that, subject to any exceptions noted below\*, the answers on this form reflect my wishes regarding my son's/daughter's participation in the event(s). I agree not to hold the Oxnard Union High School District, Rio Mesa High School, or any of its employees or volunteers liable for any injury occurring during the event, or while the student is being transported, or is transporting him/herself, to or from the event(s) mentioned on this form. \* \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

The California Vehicle Code places the primary liability for property damage and bodily injury on the owner of the vehicle. The school district cannot provide insurance coverage for non-owned vehicles.  
If you will be a parent/volunteer driver, or if "Yes" is initialed in #3 above, please complete this section:

Driver(s): \_\_\_\_\_ Insurance Company \_\_\_\_\_

**Insurance information:**

Injury Liability: (OUHSD minimum required: \$100,000/\$300,000) \$ \_\_\_\_\_ / \_\_\_\_\_

Property Damage Liability: (OUHSD minimum required: \$15,000) \$ \_\_\_\_\_ / \_\_\_\_\_

Vehicle(s): Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate \_\_\_\_\_ R/O \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate \_\_\_\_\_ R/O \_\_\_\_\_

Driver's License Number(s): \_\_\_\_\_ Expiration Date \_\_\_\_\_

Expiration Date \_\_\_\_\_