

SCHOOL DRIVER CERTIFICATION FORM FOR FIELD TRIPS OTHER THAN ATHLETIC EVENTS

Driver is an: Employee Parent/Guardian Adult Volunteer Student
(Student driver must obtain parent permission)

I hereby give my permission for my child named below to serve as a volunteer driver.

Parent Signature _____ Date _____

Student (Print) _____ Date of Birth _____

Address _____ Phone _____

Student Driver's License No./Expiration Date _____

Date Licensed Issued _____ The Student Driver needs to be accompanied by a driver
25 years or older if transporting other students under 20 years old. YES NO

Vehicle Information

Name of Owner _____

Address _____ Phone _____

Vehicle Year _____ Make _____ License Plate _____

Registration Expires _____ Seat Capacity _____ No. of Seatbelts _____

Insurance Information - Please attach a copy of the policy declaration page/coverage

Policy Number _____ Expiration Date _____

Insurance Carrier _____ Liability Limits of Policy _____

(The minimum acceptable liability limit for privately-owned vehicles is \$100,000 per occurrence and \$300,000 medical coverage. If you transport students often, it is recommended that your liability coverage be \$300,000 per occurrence.)

Name of Agent _____ Phone _____

Driver Certification Statement

I certify that I have not been convicted of reckless driving or driving under the influence of drugs or alcohol within the past five years.

I certify that the information given above is true and correct. I understand that if an accident occurs, my insurance coverage shall bear primary responsibility for any losses or claims for damages.

Name _____ Date _____