

**SCHOOL DRIVER CERTIFICATION FORM
FOR FIELD TRIPS OTHER THAN ATHLETIC EVENTS**

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

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

Parent Signature _____ Date _____

Name _____ Date of Birth _____

Address _____ Phone _____

Driver's License No./ Expiration Date _____

Date License 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. Seat Belts _____

Insurance Information

Insurance Carrier _____

Policy No. _____ Expiration Date _____

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 _____ Telephone No. (____) _____

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 _____