

South Whidbey School District No. 206

APPROVAL FOR THE USE OF PRIVATE VEHICLE

School: _____

This authorizes _____ to voluntarily use his/her automobile for the transportation of pupils of this school for the purpose of:

_____ on:

Date of Activity

Authorized School Official

To be filled out by Volunteer Driver:

Note: *Attach photocopies of insurance I.D. card, driver's license and registration.

NOTICE: By signing below I certify that:

1. I have automobile liability insurance and understand that my insurance is primary before any other collectible insurance.
2. I am older than 21 years of age.
3. My vehicle is in safe operating condition, and is equipped with seat belts that will be used by each passenger. I drive in a safe manner and in accordance with State laws, and that I do not have any DWI convictions, moving vehicle violations or at-fault accidents.
4. I have a current Washington State Patrol background information check on file in the district.
5. I am aware that I am responsible for the supervision of students riding in my vehicle and will take reasonable care to protect them from foreseeable harm.

Registered Owner: _____

Address: _____

City: _____ State _____ Zip _____

Vehicle License No.: _____ State _____

Driver License No.: _____ Expires: _____

Insurance Company: _____ Agent: _____

Limits of Coverage: _____

Signature

Date

Volunteer Driver Checklist for Private Vehicle

Vehicle Inspection

Please respond to each item with a yes or no answer.

YES/NO

- _____ There is a working seat belt for the driver and each passenger, and I understand that seat belts will be worn.
- _____ My vehicle's brakes, including the emergency brake, are in good working order.
- _____ My vehicle's tires have legal tread depth (at least 3/32").
- _____ My vehicle's brake lights, turn indicators, and headlights are in good working order.
- _____ My vehicle's windows are clear and provide an unobstructed view for the driver.
- _____ My vehicle has functioning rear view mirrors (center and left side).
- _____ My vehicle has no other physical defects that would interfere with the safety of the driver and passengers.
- _____ My vehicle has a rated capacity of ten passengers or less.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal Motor Vehicle Report to be ordered and used in consideration of my transporting students during field trips.

Signature of Volunteer Driver

Date

Administrative Review

- _____ If the volunteer will have unsupervised student contact, the district has obtained the information or order a Washington State Patrol background information check.
- _____ All students have parental permission to ride with the volunteer driver.

I have reviewed the above information and this driver and vehicle are approved for this trip.

Signature of Principal

Date

FIELD TRIP PERMISSION FORM

Informed Consent Form - District Curricular/Co-curricular/Interscholastic Activities

Name of Student: _____

General Information

Date _____

The _____

is planning a trip to _____

Trip Destination: _____ Phone No. _____

Address: _____ Place of Lodging _____

We will leave from: _____ about (time) _____ a.m. p.m.

on (date) _____. We will return to the school on (day) _____ (date) _____

at about (time) _____ a.m. p.m. Itinerary is attached; List of items needed is attached.

Attending: number of students [] minimum number of adults []

Type of Transportation:

District Vehicle Commercial Transportation District Bus

Other (explain) _____

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, etc.)

The following medications, prescriptions or special diets are needed: _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent or guardian immediately. However, if I am not available, I authorize the school to secure emergency medical care as needed.

Name of preferred Doctor _____ Phone No. _____

Name of Insurance Carrier _____ Policy No. _____

This activity provides a learning experience for the students and allows them an opportunity to apply their classroom learning. Although I understand that the school district will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. Being fully aware of the risks, I hereby give consent for (student) _____ to participate in the activity.

Parent/Guardian Name: _____ Home Phone No. _____
Work Phone No. _____

Home Address: _____ Emergency No. _____

Signature of Parent/Guardian: _____ Date: _____