

# Driver Permission Form

School Year 20\_\_\_\_ - 20\_\_\_\_

So that my student may take part in off-campus educational opportunities offered by the district (such as tours and work site rotations), I am permitting him/her to drive his/her vehicle to and from the appropriate location. I certify that the vehicle is insured and that my student can be expected to drive in a responsible manner. I agree that the district will not be held liable for any accidents which may occur.

Diver's Name: \_\_\_\_\_

Driver's License # : \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Has the driver been in an accident or ticketed for a moving violation in the last 2 years?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Vehicle #1

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle License # \_\_\_\_\_ # of Seat Belts \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

## Vehicle #2

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Vehicle License # \_\_\_\_\_ # of Seat Belts \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

(Student driver's are responsible for updating this form in regards to pertinent driver and vehicle information.)

Signature of Parent/Guardian \_\_\_\_\_

\*\*\*\*\* School Use Only\*\*\*\*\*

Signature of Administrator \_\_\_\_\_ Date of Approval \_\_\_\_\_

## Passenger Permission Form

At various times during the year, students may have a need to ride in a private car to certain Health Occupations field trips, tours, work site rotations, etc. So that my student may take part in these events, I am giving him/her permission to ride in a privately owned vehicle driven by a properly licensed driver within the confines of state law. I understand the risks involved and will not hold the district, or Mrs. Carter, responsible for any accidents which may occur. My student has permission to ride with:

\_\_\_\_\_ Mrs. Carter

\_\_\_\_\_ An adult chaperone

\_\_\_\_\_ Any other Health Occupations student

\_\_\_\_\_ Only the following Health Occupations students:

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

## Medical Release Form

In the event of a medical emergency in which I can't be contacted, I authorize the school district to arrange for necessary medical services. I also understand that it is my responsibility to provide the payment for these expenses.

Name of Student: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number/ID Number: \_\_\_\_\_

Date: \_\_\_\_\_