

(To be completed annually by employees and volunteers transporting students.)

Student(s) Name: _____

Last Name, First Name(s) ***please list siblings**

Driver Name:				
Address:				
Contact #:	Home:		Cell:	
*Please ensure the information in the section below is verified by a school staff member				
BC Driver's License #:				
BC Vehicle License Plate #:				
Insurance Documents:	(please show to staff for verification of license plate)			
Driver is:	Parent ☐	Staff ☐	Other: _____	
Vehicle Owner:	Driver ☐	Other: _____		
Vehicle Owner Address:	As Above ☐	Other: _____		
Vehicle Make/Model/Year:				
Max. # of Passengers:	(excluding the driver)			
My vehicle has _____ seats that meet the criteria for safe placement of booster seats.				

DRIVER'S STATEMENT: I agree to:

- Keep the safety of students as the highest priority;
- Follow instructions by the Educator-in-Charge of the field study;
- Provide a safe, roadworthy vehicle licensed in British Columbia;
- Operate the vehicle in a safe manner and as required by law;
- Maintain a zero alcohol and cannabis blood level while transporting students;
- Provide a non-smoking, non-vaping environment while transporting students;
- Refrain from using a cellular device while transporting students;
- Ensure students age 12 or under do not occupy front seats equipped with active air bags;
- Verify the use of passenger restraint systems/seat belts for all occupants.

Driver's Signature

Date

PRINCIPAL OR DESIGNATE'S APPROVAL:

Signature

Position

Date

*Note: In the event of a motor vehicle accident, insurance claims are satisfied pursuant to the terms of the insurance coverage carried on the vehicle involved. The School District's insurer provides excess Third Party Liability coverage above the vehicles' insurances for individuals driving their own vehicle for school district business

