

**Nestucca Valley
School District 101J**

Code: **EEAE-AR**
Revised/Reviewed: 4/12/04; 2/07/11
Orig. Code(s): EEAE-AR

Student Transportation in Private Vehicle

Private Vehicle Fact Sheet

Thank you for volunteering your services to the district. Our insurance company requires all drivers to provide the following information prior to driving. Please complete for our files.

Driver Information

Insured's Name _____

Address _____
Mailing City State Zip Code

Phone _____
Home Work

Driver's License Number _____

Insurance Company _____

Address _____
Mailing City State Zip Code

Agent Name _____ Phone _____

Policy Number _____

Policy Term from _____ to _____

Amount of coverage _____ / _____
per accident per person

The minimum liability limits acceptable are: \$100,000 Combined Single Limit Bodily Injury/Property Damage or \$100,000 BI; \$100,000 PD.

Vehicle Description

Make and model _____

Year _____ Color _____

License Plate Number _____ Number of seat belts _____

If your license has ever been revoked or suspended, state the reason(s) and the date(s): _____

I assure that this vehicle is in safe, operable condition and the facts set forth on this form are true and correct to the best of my knowledge and I understand that my insurance carrier is the primary liability source should an accident occur.

Insured's signature

Date

Approved by:

Principal's signature

Date reviewed

*****Please provide required photocopy of insured's driver's license and insurance card on the back of this form.*****

**Nestucca Valley School District #101
Internship/Work Experience Permission Form
Student Emergency Medical/Transportation Information**

Legal name _____ Nickname _____

Address _____

Home phone _____ Work phone _____

Parent/Guardian name _____

Works at _____ Work phone _____

Family doctor _____ Phone _____

In case of emergency and parent/guardian cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Medical Waiver

I, the parent/guardian of the above-named student, grant permission to the supervising teacher and/or job-site supervisor to authorize necessary medical services in an emergency, including injections, anesthesia, surgery and medication if I cannot be contacted at the telephone numbers shown above; and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

Medical Information

Student is allergic to _____

Student must take the following medication _____

Specific medical problems _____

Parent/Guardian signature _____ Date _____

Transportation Permission

Explanation: Participation in the Internship and/or Cooperative Work Experience program will necessitate that your student travel to a work station and possibly research a business site in the community. Since school district transportation is not available for this purpose, your approval is required to permit your son/daughter to use private transportation.

Please be informed that the driver's own personal auto liability insurance is in effect. Students using private cars are not covered by the school district insurance.

_____ (student) has my permission to drive his/her own car (license number _____) to the work site or related setting. Insurance coverage is provided through _____ (company), policy number _____. Student's drivers' license number is ODL _____.

Parent/Guardian signature _____ Date _____

**Nestucca Valley School District #101
Parent Permission/Liability Waiver**

Permission is given for my son/daughter to participate in the _____ athletic program at Nestucca Valley School District. Due to the fact that practices for this particular sport may need to be held off-campus, I realize I have the following choices: (Please initial all choices to which you agree:)

- A. I will provide transportation for my son/daughter. (Private insurance)
- B. I will allow him/her to ride a route bus to practice.
- C. I will allow my son/daughter to drive his/her own vehicle to and from practice. (Private insurance)
- D. I will allow my son/daughter to be transported to and from practice by their coach. (Private insurance)
- E. I will allow my son/daughter to drive other students to and from practice having made prior arrangements with their parents. (Private insurance)
- F. I will allow my son/daughter to ride with other students having made prior arrangements with their parents. (Private insurance)
- G. I will allow my son/daughter to ride with other parents/guardians having made prior arrangements. (Private insurance)

Acknowledging that Nestucca Valley School District discourages the practice of students using transportation other than own private vehicle or public transport, I therefore release the district, its employees and board members of any liability and waive all claims of any kind arising out of the traveling activity to and from practices. The district and its employees and board members are authorized to secure the services of a physical or hospital and to incur the necessary medical treatment in the event of an accident and I agree to pay for the payment of those costs.

Please be informed that the driver's own personal auto liability insurance is in effect. Students using private cars are not covered by the district insurance.

_____ has my permission to participate in the athletic program and to drive his/her own car license number _____ to and from practices. Auto insurance coverage is provided through _____(company),

Policy number _____ Student's ODL number _____

Date _____

Signature _____ Phone _____
(Parent/Guardian)