



Student Transportation in Private Vehicles

As per Parkland School Division Administrative Procedure 552 Student Transportation in Private Vehicles, when private vehicles are used for transportation, the following conditions apply for Primary Insurance Coverage:

1. The Division cannot place primary insurance on any vehicle that it does not own, rent or lease.
2. Insurance placed by the owner of the vehicle is always primary or first loss insurance.
3. Anyone occasionally using his own vehicle to transport students on authorized trips provide Bodily injury and Property Damage coverage on his vehicle to a minimum of \$2,000,000.00.
4. Employees who use their vehicles to transport students as part of their work are required to have the appropriate drivers license and notify their insurance company of the intended use of the vehicle.
5. Volunteer drivers who occasionally transport students are required to have the appropriate drivers license and required to notify their insurance company of the intended use of the vehicle.

DECLARATION:

I _____ (Parent/Volunteer/Employee of PSD 70), hereby acknowledge that I meet the requirements of AP 552

I _____ Parent/Guardian of _____ hereby give permission to have my son/daughter transported in a private vehicle.

I _____, Principal at Memorial Composite High School, hereby grant permission for the above Parent/Volunteer/Employee to use their private vehicle to transport the above named student.

Parent/Volunteer/Employee of PSD 70 Signature

Date

Parent/Guardian Signature

Date

Principal's Signature

Date

Consent and Authorization

I have read and understand all of the information and consent form. I consent to the participation of my child in all team activities. I give consent for my child to accompany the team as a member on out of town trips and will not hold the school responsible in case of accident or injury whether it be en-rout to or from another school, practice, competition, or any school event. If I cannot be reached in the event of an emergency, I also give consent and authorize the school to obtain medical care as is reasonably necessary for the welfare of my child, if he/she is injured in the course of school activities. I understand that I am responsible for full financial obligation by acquiring required number of credits or submitting payment.

Parent/Guardian Signature