



ST. JUDE SCHOOL

2953 East 15th Ave, Vancouver, BC | V5M 2K7

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•Email: office@stjude.ca

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DRIVER AUTHORIZATION FORM

**(to be filled out by parent/grandparent if planning to drive for school events –
if more than one driver per family, each driver must complete a form)**

Driver's Name: _____

Driver's Address: _____

Driver's License #: _____

Vehicle: _____

Year

Make (e.g. Honda)

Model (e.g. Civic)

Colour

License Plate #

Seating capacity (incl driver)

Commitments:

By submitting this form to become a volunteer driver for the school:

1. I confirm that I have a valid BC Driver's License (class 5 or better) and that the vehicle mentioned above has valid insurance
2. I confirm my driver's license has not been suspended in the last three years
3. I confirm that I am the owner of the above described vehicle or am duly authorized by the owner to use the vehicle
4. I confirm that the above described vehicle is in safe operating condition
5. I agree:
 - a) to operate the automobile referred above in a safe manner
 - b) to abide by all applicable laws at all times while I am transporting students
 - c) to limit the number of passengers to the number of useable seat belts
 - d) no students will sit in the front seat
 - e) to require proper use of occupant restraint systems (i.e. seatbelts, headrests, seat position, and booster chairs where required)
 - f) to comply with the directions of teachers or EC
 - g) to transport students directly to the field trip / sports event location and directly back to school immediately following the event (i.e. no side trips)
 - h) to transport the same students to and from the field trip / sports event, unless a teacher or agent of the school board says otherwise
 - i) to report to the school Principal all accidents and any suspension of my license or change in my insurance status which may occur after the date of this authorization
 - j) to keep confidential the student identification and any other information about students that I transport and only release this information in the event of an accident or medical emergency
 - k) to return the student identification to the school immediately at the end of the trip
 - l) to accept the foregoing undertakings and certify that the information contained in this form is correct to the best of my knowledge

Signature of Driver: _____

Personal information contained on this form is collected under the authority of the School Act, for the purpose of participating in school trips. If you have any questions about this form, please contact your school administrator.

Student Surname (please print)