

## **Employee Field Trip Driver Acknowledgement**

**Attention School Staff:** Each authorized employee driver must complete this form. Field trip permission slips sent home with students must indicate that employees will transport students to/from a field trip in lieu of using PSD transportation.

Section 1: About the Trip			
School:			
Trip to:	Type of	Type of Activity:	
Date of Trip:	Departure Time:	Return Time:	
Section 2: About You			
Your Name:			
Driver License: State & Number:		Expiration Date:	
▶ Please attach a copy of your current driver license.			
Section 3: About your veh	icle and insurance		
License Plate Number:	Number of o	children you can transport in your vehicle:	
Name of Vehicle Insurance Com	pany:		
Name of Insurance Agent:		Phone:	
	Please attach a copy of your cur	rent vehicle insurance card.	
<ul> <li>Section 4: Understanding <ol> <li>as an employee driver for this PS</li> <li>The vehicle I will be driving is and is in good working condition vehicle as an authorized driver.</li> <li>All passengers will have working when the vehicle is in motion.</li> <li>Student passengers under the restrained in a child restraint symanufacturer's instructions. Students eight years old but less the restrained in a safety belt or ach to the manufacturer's instruction restraint systems shall conform vehicle standards (Colorado Reseat of a vehicle.</li> <li>Students under 12 years of age seat of a vehicle.</li> <li>Students will not be transported vehicle with a seating capacity including the driver.</li> </ol> </li> </ul>	son trip, by signing below affirmatively resurrently under my ownership or I will be driving a rental age of eight shall be properly estem according to the audent passengers who are at an sixteen years old shall be all restraint system according ons. Safety belts and child to all applicable federal motor evised Statute 42-4-236).	<ul> <li>The District does not carry medical, dental, or hospitalization insurance to cover students. The District cannot guarantee students riding in my vehicle will have health insurance to covinjuries sustained while riding in my vehicle.</li> <li>I carry at least the minimum liability limits as set forth in Colorado State Law.</li> <li>I have submitted a copy of my current valid driver license and current vehicle insurance coverage card to the school.</li> <li>I will not deviate from the direct route to and from the field trip activity.</li> <li>I have a good driving record, will obey all traffic laws, and will drive with an awareness of road and weather conditions.</li> <li>I am not currently on any medication, nor do I currently have a medical condition that could hamper/impair my driving ability.</li> <li>I will transport no fewer than two students at any time.</li> </ul>	
	Site Administrator Signature of Approval	Date	