

SCHOOL NAME _____

Annual Student Volunteer Driver Authorization Form

_____ School Year

Student Vehicle Authorization

Parent Approval

Student's Name _____

Address: _____

Phone: _____

Please check the proper boxes.

Yes No Student has a valid Florida Drivers License
____ ____

____ ____ Student has auto liability insurance in accordance with Florida Law

Florida Statute 324.021 requires PROOF OF FINANCIAL RESPONSIBILITY - That proof of ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle:

- a. In the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident.
- b. Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or of, two or more persons in any one accident.
- c. In the amount of \$10,000 because of injury to, or destruction of, property of others in any one accident.

During the _____ school year I hereby attest the statements made above are true and I authorize my student to act as a volunteer driver for all school sponsored field trips.

Drive own car _____ Drive family car _____
Drive car & carry passengers including fellow students _____

Signature of Driver

Signature of Parent

*NOTE: Maximum capacity is one (1) person per seat belt. No motorcycles/scooters/mopeds/van permitted as transportation.

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W18862

10/91

White - School Yellow - Parent Pink - District