

DRIVER INFORMATION SHEET

I. Driver

Name: _____ Date of Birth: _____

Address: _____ SSN: _____

Driver's License Number: _____

II. Vehicle that will be used

Name of Owner: _____

Address of Owner: _____

Year and Make: _____ License Plate: _____

Registration Expires: _____

If more than one vehicle is to be used, required information must be provided for each vehicle.

III. Insurance Information: When using a privately owned vehicle, the insurance coverage is the limits of the insurance policy covering that specific vehicle.

Insurance Company: _____

Policy Number: _____ Expiration Date: _____

Liability Limits of Policy* _____

*Please Note: The minimal, acceptable liability limits for privately owned vehicles is \$100,000/\$300,000.

IV. Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport students.

Signature _____

Date _____

STUDENT OR YOUTH EMERGENCY INFORMATION

CITY: _____ SCHOOL: _____ FAMILY NAME _____

On occasion we have found it difficult to contact parents or guardians in cases of emergency. Will you please help us by completing the information below? Only ONE EMERGENCY FORM per family unit is necessary.

Full Name of Child	Sex	Date of Birth	Special Health Condition (describe) or Medication prescribed or Dietary needs, etc.

Home Address: _____ PHONE: _____

Name of Mother/Guardian: _____ Place of Employment: _____

Mother's work number: _____ Cell Number: _____

Name of Father/Guardian: _____ Place of Employment: _____

Father's work number: _____ Cell Number: _____

If divorced, name of legal custodial parent: _____

Do Mother and Father have Joint Custody? (Y/N) _____

If custodial parent cannot be reached, may we contact non-custodial parent? (Y/N) _____

RESPONSIBLE ADULT(S) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

Name	Address	Phone	Relationship to Child

Physician of Choice: _____

Address: _____

Phone: _____

Hospital of Choice: _____

Address: _____

Phone: _____

If you, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated I hereby authorize the transporting of my child to a hospital or physician for treatment.

Date: _____

Signature: _____

Print name: _____