

STUDENT FIELD EXPERIENCE VOLUNTEER DRIVER AUTHORIZATION FORM

School: _____

Driver's Name: _____

Driver's Address: _____

Driver's Telephone Number: _____

Drivers Licence Number: _____ Expiry Date: _____

Vehicle Owner's Name: _____

Vehicle Owner's Telephone Number: _____

Vehicle Licence Number: _____

Year, Make and Model of Vehicle: _____

Insurance Certificate Expiry Date: _____

Insured Limit (3rd party liability): \$ _____

Driver Abstract/Driver Record Submitted: yes noNumber of Seat Belts in Vehicle: _____ Booster Seats: yes no

NOTE: Elementary students shall not be seated in front seats of vehicles equipped with air bags. Booster seats are mandatory for children over 18kg (40 lb) until their 9th birthday, unless they have reached the height of 145cm (4' 9")

To the best of my knowledge the vehicle identified above is in safe, roadworthy condition and my driver's licence is in good standing.

Driver's Signature_____
Date_____
Principal's Signature_____
Date