
Driver Agreement for Students Transported in Private Vehicles

SCHOOL: _____

Must be completed by any person who will be transporting students in a School owned vehicle or personal vehicle. The driver must agree to and sign all conditions prior to transporting the students.

NAME OF DRIVER: _____ CIRCLE ONE: Employee / Volunteer

DRIVING RECORD:

1. I have a valid Operator's License, detailed below, for the vehicle that I will drive. My Operator's License has not been under prohibition or suspension in the last three years. I have the authorization and qualifications to drive such vehicle.

Initials

A suspension may arise for the following reasons, among others: impaired driving (usually alcohol), refusal to provide breath or blood sample, violation under the criminal code dealing with driving, received 15 demerit points.

OPERATOR'S LICENSE #: _____ CLASS: _____

EXPIRY DATE: _____ PROVINCE or COUNTRY (if not an Alberta Drivers License): _____

2. I have no more than seven (7) demerits against my operator's license.

Initials

If you have 8 or more points but less than 15, you will know it. At minimum, you will have been sent a letter from the Driver Control Board informing you of your demerit status. Demerits result when you are found guilty of committing certain driver offences under the 3 major sets of laws that deal with drivers: Motor Vehicle Administration Act, Highway Traffic Act and the Criminal Code of Canada. Demerits for a single offence can range from 2 (speeding up to 15km/h over the limit) To 7 (failure to remain at the scene of an accident).

3. I have confirmed that the vehicle is insured for minimum \$2,000,000 third party liability and have outlined the insurance information below:

Initials

VEHICLE OWNER'S NAME (if different than driver): _____

If the owner of the vehicle is not the same as the applicant/driver on this Agreement, the driver/applicant has received consent/permission from the owner of the vehicle to use such vehicle in the fashion as required by this agreement.

VEHICLE OWNER'S INSURANCE COMPANY: _____ POLICY#: _____

INSURANCE BROKER: _____ LIABILITY LIMIT: _____
(Minimum \$2,000,000)

The minimum amount of Third Party Liability (TPL) required by law across Canada is \$200,000. Most brokers will not sell less than \$1 million although it's possible that a vehicle may be insured for only \$500,000 TPL. All of these amounts are too low when carrying passengers.

IMPORTANT: If you frequently use your vehicle to travel on School field trips or other School-related activities and/or you are being reimbursed for the use of your personal vehicle (gas only, mileage, etc.) you must contact your personal insurance broker/agent to determine whether it is necessary to obtain either a Business Use Endorsement or a Passenger Endorsement on your auto insurance policy. Insurance companies require notification of a significant change in use of a vehicle because it may change the amount of risk associated with insuring it.

OTHER TERMS AND CONDITIONS:

1. I follow all conditions/endorsements that are noted on my license.
2. I agree to operate the vehicle in a safe manner and to abide by the laws within the jurisdiction(s) in which driving while I am authorized to drive on the fieldtrip or other School-related activity.
3. I agree to limit the number of passengers to the number of useable seatbelts and will not allow passengers to ride in the back (box) of a truck. All passengers must wear seatbelts while driving on the activity.
4. I agree to have children under the age of 6 who are under 18 kg (40 lb) secured in car seats in accordance with provincial regulations.
5. I understand and agree that, in case of a claim, the vehicle owner's automobile liability is the first line of insurance.
6. I agree to immediately inform the School Principal (or Supervisor if driver is an employee) if any of the information provided on this form changes.
7. I agree to report to the School Principal (or Supervisor if driver is an employee) any accident that occurs while driving in connection with an activity sanctioned by the School.

I certify that the information contained in this agreement is accurate to the best of my knowledge. I have read, understand and agree to the Terms and Conditions listed above for in order to transport the student(s) for the School-related activity. I give the School and/or Medicine Hat Catholic Board of Education permission to obtain a copy of my driving record (abstract) for matters related to this driver agreement at any time within one year following my signing of this form.

SIGNATURE OF DRIVER: _____ DATED: _____

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

The personal information collected on this form will be used and disclosed for the following purposes:

1. To establish that drivers meet the criteria to carry passengers on field trips and other School-sponsored activities.
2. To ensure there is a record of pertinent insurance on file in the event of an accident or incident resulting in a claim.
3. The personal information contained on this form is necessary to manage fieldtrips and other School-sponsored activities and is subject to the provisions of the Alberta Freedom of Information and Protection of Privacy Act.

If you have any questions about the collection or use of the information on this form, contact the School Principal or the Catholic Education Centre (403-527-2292).