BEAVERTON SCHOOL DISTRICT

Form C
PRIVATE AUTO
Driver and Passenger Release & Parent Permission

2019-20

During the course of the school year, your student may be involved in various activities sponsored by the Beaverton School District No. 48. There will be some activities that the District will not be providing transportation to and from. In the event that private transportation is necessary, please complete the following form that: (a) requests that you be allowed to act as a volunteer driver of other students; (b) requests that your student be permitted to be a passenger in a privately operated vehicle; (c) requests that your student drive ONLY him/herself*; (d) requests that your student be allowed to act as a volunteer driver*; and (e) releases the District from liability arising out of students being transported in a privately owned vehicle.

Section 1: Trip Information *(completed by teacher, advisor or coach)*

SCHOOL	DESTINATION	DEPARTURE DATE	DEPART TIME	RETURN TIME

DESCRIPTION OF TRIP	SUPERVISING STAFF NAME	STAFF PHONE NUMBER

WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE	FOOD ARRANGEMENTS (when applicable)

Section 2: Student Information and Parent Permission *(completed by parent or guardian)*

STUDENT NAME	STUDENT ID	STUDENT CELL PHONE NUMBER

PARENT/GUARDIAN NAME	HOME PHONE NUMBER	CELL PHONE NUMBER

EMERGENCY CONTACT NAME	EMERGENCY CONTACT RELATIONSHIP	EMERGENCY CONTACT PHONE NUMBER

HEALTH INSURANCE PROVIDER	POLICY NUMBER

♦ **TRIP PERMISSION**
I, the parent of the above named student grant permission to the school to take him/her on the above described trip.

♦ **MEDICAL WAIVER**
I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.

♦ **IN CASE OF SURGICAL EMERGENCY**
I hereby give permission to the physician selected by the school director, or in his absence, his designee, to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for my child as named above. Any directions to the contrary should be specified on a separate paper and signed.

♦ **TRANSPORTATION RELEASE**
I agree, by signing below, to release from liability, hold harmless, defend and indemnify the Beaverton School District, its agents, employees, and board members, from liability arising out of personal injuries and/or property damage resulting from or in any way connected to transport to and from said activities. By signing below, I affirm that I have carefully read and understood the terms and conditions required of volunteer drivers.

NAME OF PARENT OR LEGAL GUARDIAN (print)	SIGNATURE OF PARENT OR LEGAL GUARDIAN AND DATE

*Per IIC-AR, Students cannot be drivers on Field Trips. Students may only drive to/from district sponsored activities if the activity is within the boundaries of the following school district's: Beaverton, Portland (west of the Willamette River), Hillsboro, Forest Grove, Banks, Tigard/Tualatin, West Linn/Wilsonville, Riverdale and Sherwood.

Section 3: Volunteer Driver Information *(must read and agree you meet driver qualification)*

DRIVER'S NAME (as it appears on driver's license)	DATE OF BIRTH	DRIVERS LICENSE # AND STATE	EXPIRATION

DRIVER'S PHONE NUMBER	DRIVER'S HOME ADDRESS
INSURANCE COMPANY	INSURANCE POLICY NUMBER & EXPIRATION DATE (attach copy of insurance card)

I am fully aware my automobile insurance coverage is primary for myself and all passengers I transport to and from school activities. I request that the above named individual be allowed to transport students to and from activities sanctioned for private transportation by school officials. I hereby release, hold harmless, defend and indemnify the Beaverton School District, its agents, employees, and board members, from liability arising out of personal injuries and/or property damage resulting from or in any way connected to transport to and from said activities. By signing below, I affirm that I have carefully read and understand the terms and conditions required of volunteer drivers (outlined below).

I am driving: ❑ myself and my student ONLY ❑ myself and other students

NAME OF ADULT DRIVER OR PARENT/LEGAL GUARDIAN OF DRIVER (print)	SIGNATURE OF ADULT DRIVER OR PARENT/LEGAL GUARDIAN OF DRIVER & DATE

Section 4: Volunteer Driver Qualifications

To qualify as a Beaverton School District Volunteer Driver, the following conditions must be met.

Volunteer Drivers: (a volunteer driver is **ANYONE** driving a Private Auto)

1. Must operate their vehicles with a valid driver's license that is not a provisional driver's license. Drivers must comply with ORS 807.122 which limits drivers using a provisional driver's license from transporting passengers. **
2. May not have any moving violations on their driving record for the three (3) years (5 years for a DUI violation) prior to their application to act as a Volunteer Driver.
3. Must not have any automobile accidents for which they were liable for the five (5) years prior to their application to act as a Volunteer Driver.
4. Must provide a copy of their automobile insurance information to the authority at the school in which they wish to act as a Volunteer Driver.
5. Agree by signing this agreement, they will adhere to all traffic ordinances and laws.
6. I have completed and passed a Beaverton School District Volunteer Background Check.

****ORS 807.122 Restrictions on operation with provisional driver license.** (1) The Department of Transportation shall place the following restrictions on a provisional driver license issued under ORS 807.065:

(a) Except as provided in subsections (2) and (3) of this section, for the first six months after issuance of the license, the holder of the license may not operate a motor vehicle that is carrying a passenger under 20 years of age who is not a member of the holder's immediate family. For the second six months, the holder of the license may not operate a motor vehicle that is carrying more than three passengers who are under 20 years of age and who are not members of the holder's immediate family.

(b) For the first year after issuance of the license, the holder of the license may not operate a motor vehicle between the hours of 12 midnight and 5 am except when:
(A) The holder is driving between the holder's home and place of employment;
(B) The holder is driving between the holder's home and a school event for which no other transportation is available;
(C) The holder is driving for employment purposes; or
(D) The holder is accompanied by a licensed driver who is at least 25 years of age.

OREGON DEPT. OF EDUCATION DOES NOT ALLOW STUDENT TRANSPORTATION IN VEHICLES WITH A CAPACITY GREATER THAN 10 OCCUPANTS (including driver) UNLESS IT IS AN ODE APPROVED COMMERCIAL CARRIER.

SCHOOL ADMINISTRATOR APPROVAL

SCHOOL ADMINISTRATOR NAME	SCHOOL ADMINISTRATOR SIGNATURE AND DATE