

# HUNTINGTON BEACH UNION HIGH SCHOOL DISTRICT

## Permission to Use Personal Vehicle in Transporting Students

*This form is to be used only when District transportation is not available and must be returned to the Site Administrator in charge of transportation 48 hours in advance of the trip, except when previously arranged District transportation has been cancelled.*

PURPOSE OF TRIP: \_\_\_\_\_ PARTICIPATING GROUP: \_\_\_\_\_

NAME: \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

YEAR/MAKE OF AUTO: \_\_\_\_\_ VEHICLE LICENSE # \_\_\_\_\_ # OF SEAT BELTS: \_\_\_\_\_

INSURANCE CARRIER/AGENT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

LIABILITY LIMITS: \_\_\_\_\_ POLICY #: \_\_\_\_\_ EXPIRES: \_\_\_\_\_

*(Minimum \$100,000--\$300,000 recommended)*

*I certify the above information is correct and the insurance coverage is in force. I understand I must have LIABILITY insurance coverage in force. I further certify that the above vehicle is mechanically safe.*

SIGNATURE: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: If you drive your personal automobile while on District business and you are involved in an accident, by law, your liability insurance policy is used first. The District's liability policy would be used only after your policy limits have been exceeded. Students may not be designated to drive. Vehicle design cannot seat more than 10 passengers including the driver. Vehicle cannot transport more than 10 passengers including the driver.**

*I have read the above and approve the use of this vehicle for the purpose stated above.*

CAMPUS ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

28.02 (Rev. 11/95)

<b>Huntington Beach Union High School District</b> <b>Emergency Information / Volunteers in Public Schools</b> Edison High School	For Office Use: TB DATE: _____ AUTO INS: _____ Other: _____
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Dept./Group: \_\_\_\_\_ Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Birthday Month: \_\_\_\_\_ Student Grad Year: \_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE NOTIFY:

1.Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2.Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any conditions significant in a medical emergency?: \_\_\_\_\_

Please list all medications: \_\_\_\_\_

Do you give your permission to be transported by ambulance, if necessary?  YES  NO Blood type: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WAIVER REGARDING EMERGENCY INFORMATION: I hereby waive the District from any responsibility for circumstances arising as a result of incomplete information.** Signature: \_\_\_\_\_