



AUTOMOBILE DRIVER AUTHORIZATION AND CONSENT

The personal information on this form is collected and used in accordance with sections 33 and 34 of the *Education Act* and section 33 and the *Freedom of Information and Protection of Privacy Act* to determine the suitability of volunteers to transport students.

If you have any questions about the collection or use of personal information, contact Elk Island Public Schools' FOIP Coordinator, 683 Wye Road, Sherwood Park, AB T8B 1N2 780-464-3477.

School Information

School Year: _____ School: _____

Driver Declaration

Driver's Name: _____ Phone: _____

Address: _____

The following are submitted with this form:

- Copy of driver's licence
- Copy of vehicle registration
- Confidentiality Undertaking and Declaration for Volunteers

I declare that:

- I hold an unrestricted Alberta driver's licence;
- my vehicle is registered and insured through a valid automobile liability insurance policy with a minimum of \$2,000,000 public liability insurance;
- I have advised my insurance company I may be transporting students during the school year; and
- I will report to the school principal any suspensions of my licence or change in my insurance status which may occur after the date of this declaration.

I understand that in case of an insurance claim—including third party damage or personal injury—my personal automobile liability insurance applies before the Division's insurance as described below.

Additional automobile liability insurance protection is provided under Elk Island Public Schools' comprehensive general liability insurance policy for authorized volunteer drivers transporting students in privately owned vehicles on an approved school activity or function. The Division's insurance is only for an amount in excess of the limit of liability provided by the vehicle owner's liability insurance policy.

I affirm the vehicle I am driving is mechanically fit and the seat belts are in working condition for all passengers.

Driver Signature: _____ Date: _____

For Office Use Only

Principal Signature: _____ Date: _____