



PROCEDURE

At the High School level, activity or athletic trips for individual students or small groups of students without the direct supervision of a teacher during the transportation phase of the activity or field trip may be accomplished under certain circumstances. Students may be allowed to drive on such activity trips when district transportation is either not provided or practical. Such students should be judged by the teacher to be generally reliable, especially in those cases where other students are to be transported in a private vehicle. In accordance with RCW 46.20.075, student drivers, less than 18 years of age, who hold an Intermediate License, may not transport other students for the first six months after the license is issued. After six months, no more than three passengers under age 20 and unrelated to the driver may be transported. These restrictions remain in effect until the driver reaches 18 years of age.

1. A signed permission slip for each non-driving student involved is a basic requirement. A sample is enclosed with this procedure. (Attachment A)
2. Parents of the driving student must complete a form (Attachment B) acknowledging the fact that they know there will be students riding with their son or daughter, that they understand the restrictions placed on the holder of an Intermediate License, and that they understand that the vehicle insurance on the student's vehicle is primary in this case. Parents of the driving student must also provide assurance that there is a minimum of \$100,000/\$300,000 bodily injury liability and \$100,000 property damage or \$300,000 combined single limits bodily/property coverage on the vehicle to be used.
3. It is the responsibility of the staff member authorizing the trip to see that all permission forms have been completed for each student going on the trip including: Attachments A and B, Volunteer Driver Checklist (Attachment C), Authorization for Use of Private Auto for Student Transportation and the Parent/Guardian Informed Consent Form.



TO THE PARENT:

Your son/daughter has the opportunity to participate in an activity for which Lake Washington School District is not furnishing transportation. This trip has been planned carefully and the school is attempting to use prudent judgment in all matters related to the trip. I have instructed the students about the general route to the destination and assure you that the student who is driving has a valid Washington State Driver's License. Students will be under my general supervision ONLY while engaging in the activity listed below.

Advisor/Teacher/Coach: Fill in the blanks in this section

Activity _____

Destination _____

Date _____

From: _____ To: _____
Time Involved

Student's Name _____

Signature of Advisor/Teacher/Coach _____

Parent: Fill in the blanks in this section

FROM THE PARENT:

I hereby give my permission for _____
Student Name

to participate in an activity and to travel to and from the activity by private automobile driven by:

Student Driver's Name _____

Home Phone _____

Parent/Guardian Name _____

I understand that no more than three passengers under the age of 20 and unrelated to the driver may ride with a driver under the age of 18 who holds and Intermediate License issued at least six months prior to this trip or activity.

I further understand that the district's vehicle liability insurance is for their protection only and does not apply to the insurance carried on the above named student's vehicle.

Date _____ Signature of Parent or Guardian _____



TO THE PARENT: Your son/daughter has the opportunity to participate in an activity for which the Lake Washington School District is not furnishing transportation. This trip has been planned carefully and the school is attempting to use prudent judgment in all matters related to the trip. I have instructed the students about the general route to the destination and assure you that the student who is driving has a valid Washington State Driver's License. Students will be under my general supervision ONLY while engaging in the activity listed below.

Advisor/Teacher/Coach: Fill in the blanks in this section

Activity _____	From: _____ To: _____ Time Involved
Date _____	Signature of Advisor/Teacher/Coach _____
Student's Name _____	Student's Birthdate _____
Signature of Advisor/Teacher/Coach _____	

Parent: Fill in the blanks in this section

FROM THE PARENT: I hereby give my permission for (student name) to drive and participate in an activity which involves transportation by private automobile and during which activity my son/daughter may or may not be transporting other students.

I certify that the above-named student does hold a valid Washington State Driver's License. In accordance with RCW 46.20.075, a student for the first six months after the license is issued. After six months, no more than three passengers under age 20 and unrelated to the driver may be transported. These restrictions remain in effect until the driver reaches 18 years of age. I also assert that the vehicle the student will be driving is covered by a minimum of \$100,000/\$300,000 bodily injury liability and \$100,000 property damage or \$300,000 combined single limit bodily injury/property coverage. I further understand that any insurance carried by the Lake Washington School District protection only and does not apply to the student's vehicle and that the Lake Washington School District carries no comprehensive of collision coverage on private vehicles; neither is the District responsible for any damage done to private vehicles used for activities.

Insurance Company _____

Proof of Insurance Attached

Issue date of student's Driver's License _____

Type of License Intermediate Regular

Signature of Parent or Guardian of student Driver _____

Date _____



Vehicle Inspection: Yes/No (check if yes)

- There is working seat belt for the driver and each passenger, and I enforce the wearing of seat belts by everyone in the vehicle.
- I agree to transport any child who is less than 6 years of age and/or less than 60 pounds in a child passenger restraint system that meets Federal Motor Vehicle Safety Standards.
- If my vehicle has dual airbags; I will not seat children under 12 or small persons in the front passenger seat.
- My vehicle's tires have a legal tread depth (at least 3/32").
- My vehicle's brake lights turn indicators, and headlights are in good working order.
- My vehicle's windows are clear and provide an obstructed view for the driver.
- My vehicle has functioning rear view mirrors (center and left side).
- My vehicle has no other physical defect that would interfere with the safety of the driver and passengers.
- My vehicle has a rated capacity of ten passengers or less.

The above information is true and accurate to the best of my knowledge. I hereby give my permission for a copy of my personal motor vehicle report to be ordered and used in consideration of my transporting students during field trips.

Signature of Volunteer Driver

Date

Administrative Review: Yes/No (check if yes)

- If the volunteer will drive for more than one day, the district may obtain the information to order a motor vehicle abstract (three-year comprehensive record) from the Department of Transportation.
- If the volunteer will drive for more than one day and will have unsupervised student contact, the district may obtain the information to order a Washington State Patrol background information check.
- All students have parental permission to ride with a volunteer driver.
- All "No" responses have been addressed satisfactorily.

I have reviewed the above information and this driver and vehicle are approved for this trip.

Signature of Administrator

School

Date



I hereby give my permission for _____
(name of student)

who attends _____
(school)

to participate in a field trip to: _____
(destination)

on ____ / ____ / ____ for the purpose of _____
(date)

Transportation for this activity will be provided by:

District bus/vehicle Other _____

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for Lake Washington School district staff-in-charge to obtain emergency care for your student, neither the staff-in-charge nor Lake Washington School District assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: _____

Student phone: _____ Date of birth: _____

Describe any medical condition, including allergies that could impact the student's field trip experience:

None See below

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

In the event of an emergency (injury, illness and unforeseen incident) the following person must be notified in case the parent/guardian cannot be contacted:

Name: _____ Phone: _____

I have read the attached itinerary and understand that the school district will make every reasonable effort to provide a safe environment during the field trip. As the parent/guardian of the above named student I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips.

I received a detailed itinerary yes no

I received a list of things to bring (if any) yes no

Signature of parent or guardian

Date



Vehicle Owner's Permission

I hereby authorize the use of my vehicle for transporting students for the following purpose/activity:

On _____ or the period from/to _____
(date) (dates)

Name of Driver _____

Vehicle Year/Make Model/License Plate _____

Vehicle Owner's Permission: Yes No

_____ I am older than 21 years of age.

_____ I have a valid Washington State driver's license.

License # _____ Expiration Date _____

_____ I have had no vehicle moving violations or at-fault accidents within the last three years. If you have, please list:

_____ I carry minimum auto liability limits of \$100,000 per occurrence and \$300,000 aggregate combined single limits of liability (or \$100,000/\$300,000 Bodily Injury; \$50,000 Property Damage) and uninsured motorist coverage.

Company _____ Policy# _____

_____ I am aware that, in the event of an accident while on a school-related activity, any claims will be tendered to my personal automobile insurance company and that my insurance is primary.

I am aware that students may transport other students only to school approved athletic activities, practices, and competitions, or events where district transportation is not practical or provided. All legal compliance and required forms must be completed including student and parent informed consent forms for drivers and riders.

Signature of Driver and/or Registered Owner* _____

*If the registered owner is under the age of 18, a signature of the parent is required.