

**DRIVER/OWNER INFORMATION FORM**  
**Field Trips using non-District owned or operated vehicles**

Teacher's Name \_\_\_\_\_

Driver's Cell Phone # \_\_\_\_\_

**Driver Information Section:**

I certify that as a driver of a private vehicle transporting students to a school sponsored function:

- I am at least 18 years old and have been a fully licensed driver for a period of at least one calendar year.
- I currently possess a valid driver's license that does not have any legal restriction, limitation, or suspension associated or attached to it.
- I possess insurance coverage on the vehicle that I will be driving, including liability coverage in the amount of at least equal to the minimum required by the State of Michigan.

Insurance company name: \_\_\_\_\_

Policy number: \_\_\_\_\_

Policy expiration date: \_\_\_\_\_

Agent's name: \_\_\_\_\_

Agent's phone number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

- I give permission to Rochester Community Schools to check my driver's license record.
- I am not aware of any mechanical defect or problem with the vehicle that might make it unsafe for purposes of this trip.
- I agree to transport no more than the number of persons for which the vehicle is designed and insurance rated. I will make sure that all passengers utilize the available safety restraining system, and I will not pick up hitch hikers.
- I will insure that infants and small children are buckled up in child/infant safety seats that are age and size appropriate in the rear passenger seats.
- I will make sure that children under the age of 13 will ride properly belted in the rear passenger area only.
- I will make sure that all adult passengers, particularly people under five feet five inches tall, are properly belted and front seats moved back as far as possible, or ride in rear seats.
- I understand that I am in charge of this vehicle. I will see to it that no occupant, including myself, consumes alcoholic beverages or illegal substances in or around this vehicle. I will not drive while using a prescription drug that indicates that I should not drive while taking the medication.
- Have you ever been convicted of a felony?     Yes     No  
    If yes, please identify the felony \_\_\_\_\_.
- I am not a registered sex offender.

**SIGNATURE OF DRIVER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

PRINT NAME OF DRIVER: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**Vehicle Owner Authorization Section:**

I am the owner of a vehicle (make, model, and year): \_\_\_\_\_  
with \_\_\_\_\_ number of seat belt positions in the rear passenger area.

I hereby authorize the following named individual, \_\_\_\_\_  
to drive said vehicle, utilizing appropriate safety restraining systems, and adhering to manufacturer established passenger capacity limits.

I certify that I have read, understand, and completed the requested information from the "Driver Information" and the "Vehicle Owner Authorization" sections of this document.

**SIGNATURE OF VEHICLE OWNER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I have reviewed the information provided above and approve the use of the above mentioned vehicle and participation of \_\_\_\_\_ as a driver for this activity.

**SIGNATURE OF PRINCIPAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INSTRUCTION SHEET FOR DRIVERS**  
**Field Trips utilizing non-District owned or operated vehicles**

**CELL PHONES WILL ONLY BE USED IN EMERGENCY SITUATIONS.**

In case of an emergency situation involving serious injury or sudden illness, give immediate attention to the following first aid priorities:

- **In case of serious emergency Call 911.**
- Effect a prompt rescue. (For example, remove an accident victim from water or from a fire). **DO NOT MOVE THE VICTIM UNLESS IT IS NECESSARY FOR SAFETY REASONS.**
- Insure that the victim has an open air way, and give mouth to mouth or mouth to nose artificial respiration (if necessary).
- Control severe bleeding.

Once emergency measures have been taken to insure the victim's safety, the following procedures should be followed:

- If injury warrants, call paramedics, police, fire, whichever is appropriate, and then parents and school sponsor. Be prepared to provide essential information such as crossroads nearest the accident, and any known information regarding the victim's medical health and current injury or illness.
- Keep the victim in the position best suited to his/her condition. Do not allow them to get up and walk around.
- Avoid or overcome chilling by utilizing blankets, if available. If victim is exposed to cold or dampness, place blankets or additional clothing over and under him/her.
- Remain with the person until he/she can be released to the appropriate personnel (i.e., physician, ambulance, relative, etc.).
- Above all, in administering emergency first aid, you should know the limits of your capabilities and make every effort to avoid further injury.
- Report the accident to the Police, Rochester Community Schools, and your insurance company.
- Obtain the other driver's name, address, year/make of vehicle, license number; insurance company name/policy number; name and addresses of any witnesses.

**EMERGENCY TELEPHONE NUMBERS**

Rochester Community Schools	(248) 726-3000
Oakland County Sheriff Department	(248) 858-5000
Rochester Police Department	(248) 651-9621
Macomb County Sheriff	(586) 469-5151
Poison Control Center	(800) 222-1222