
SCHOOL NAME

Single Use

Student Vehicle Authorization

Parent Approval

Student's Name: _____

Address: _____

Phone: _____

Please check the proper boxes.

Yes No
____ ____ Student has a valid Florida Drivers License

____ ____ Student has auto liability insurance in accordance with Florida Law

Florida Statute 324.021 requires PROOF OF FINANCIAL RESPONSIBILITY - That proof of ability to respond in damages for liability on account of accidents arising out of the use of a motor vehicle:

- a. In the amount of \$10,000 because of bodily injury to, or death of, one person in any one accident.
- b. Subject to such limits for one person, in the amount of \$20,000 because of bodily injury to, or of, two or more persons in any one accident.
- c. In the amount of \$10,000 because of injury to, or destruction of, property of others in any one accident.

I hereby attest the statements made above are true and I authorize my student to utilize the type of transportation identified below for this field trip.

Drive own car____ Drive family car____
Drive car & carry passengers including fellow students_____

Field trip destination: _____

Departure date/time: _____

Return date/time: _____

Signature of Driver

Signature of Parent

*NOTE: Maximum capacity is one (1) person per seat belt.
No motorcycles/scooters/mopeds/vans permitted as transportation.