Medicine Hat Public School Division

601-1st Avenue SW, Medicine Hat, AB T1A 4Y7 | Phone 403.528.6700 | Fax 403.529.5339 | www.mhpsd.ca

AUTOMOBILE DRIVER AUTHORIZATION FORM

(To be completed by any person transporting students in a private vehicle)

VALID FOR CURRENT SCHOOL YEAR ONLY

School Name: _____

DRIVER INFORMATION

Driver's Name: _____

Driver's Licence Number: _____ Class: _____ Expiry Date: _____

Has your driver's licence been suspended in the last three years? *(See Note #1)* Yes ☐ No ☐

If yes, please provide date of reinstatement: _____

Have you been involved in any accidents in the last three years? Yes ☐ No ☐

If yes, please give details: _____

_____

Have you been convicted of any motor vehicle related offenses under the Criminal Code during the last three years? Yes ☐ No ☐

Do you have more than 4 demerits against your Alberta Operator's Licence? Yes ☐ No ☐

VEHICLE INFORMATION

Vehicle Type: Personal ☐ Rental ☐ MHPSD ☐

Vehicle Owner's Name: _____ Telephone: _____

Vehicle Owner's Address: _____ Postal Code: _____

Vehicle Insurance:

Company: _____ Liability Limit: $ _____

Policy No. _____ Agent: _____

Passenger Endorsement: Yes ☐ No ☐ (See Notes Below)

COMMITMENTS

I agree to abide by the requirements of the Highway Traffic Act and the City of Medicine Hat Traffic Bylaws while acting as a volunteer driver for school functions. I undertake to report to the school principal all accidents and any suspension of my licence or change in my insurance status which may occur after the date of this authorization while it remains in force (i.e. current school year).

I have advised the insurance company that I have applied to serve as a volunteer driver.

I agree to operate the automobile referred to herein in a safe manner, to drive in accordance with the Highway Traffic Act, to limit the number of passengers to the number of seat belts which are usable and to comply with the directions of teachers or agents of MHPSD.

I accept the foregoing undertakings and certify that the information contained in this application is accurate to the best of my knowledge.

I hereby give permission for my vehicle to be used for transporting passengers.

Driver Signature	Date
Vehicle Owner Signature	Date

NOTES

1. Applications can be approved only when the driver possesses a valid driver's licence and is able to respond NO to questions concerning convictions, suspensions and demerits.

2. Insurance Reminders:
   - In case of a claim, the vehicle owner's personal automobile liability insurance applies before MHPSD Insurance.
   - Excess automobile liability insurance protection is provided under the Board's insurance policy for authorized drivers while transporting pupils in privately-owned vehicles on an approved school activity or function. This insurance is only for an amount in excess of the greater of the minimum liability limit required by Alberta law or such higher limit of liability provided by the vehicle owner's automobile liability Insurance policy.
   - Damage to the owner's vehicle is NOT insured by MHPSD.
   - The owner of the vehicle should inform his/her insurance agent of the intention to use the automobile and to act as a driver for School Board activities. The majority of insurance companies do not require an endorsement to auto policies or an additional premium charge because the driving is classified as occasional and is not for compensation.
   - If driving a rental vehicle, the driver will register with the rental agency as an additional/authorized driver for the rental agency's purposes. The driver will also ensure that MHPSD is listed as the renter of the vehicle.

Protection of Privacy Notice
Personal information collected on this form is collected under the authority of Alberta's Protection of Privacy Act (POPA) and the Education Act. The information will be used to assess eligibility to transport students, administer volunteer or driver participation, verify driver and vehicle information, and support the safe operation of school programs and activities. Questions regarding the collection, use, disclosure, or protection of personal information may be directed to the Privacy Officer at **privacy@mhpsd.ca** or **403-528-6700**.

FOR OFFICE USE ONLY

The above-named driver is authorized to assist the school during the current school year.

Signature of Principal (or designate)	Date