

NON- PARENT TRAVEL RELEASE FORM

(To be used by all schools)

Any non-parent district employee, volunteer, or adult who wants to transport any student other than their own child in a personal vehicle must attest to the stipulations noted below. Further, this form must be co-signed by the parent/guardian granting permission for their child to be transported by this non-parent adult.

I hereby attest to the following stipulations:

1. **Medical Qualifications.** Within the past five years, I have not experience or been treated for; a. alcohol or other drug abuse or dependency; b. heart disease; c. blood pressure in excess of 180/105; d. stroke or brain injury; e. diabetes mellitus; f. amputation or other physical condition which adversely affects the use of my arms, hands, legs, or feet; g. lung disease; or, g. any episode of altered consciousness or loss of bodily control (seizure, convulsion).
2. **Driving Record Qualifications.** Within the past five years, I have not experienced or been convicted of; A. any license suspension or revocation; B. reckless driving, O.W.I, a felony with a motor vehicle, operating a vehicle with a suspended or revoked license, any violation of a license restriction, or any serious traffic violation; c. any offense against public morals; d. more than one at-fault or two not-at-fault motor vehicle accidents; e. no significant pattern of convictions for less serious traffic violations (including more than two speeding citations); or, f. any felony.
3. **Vehicle Safety Requirements.** The vehicle which I shall use for the transportation of this child is a safe vehicle, with all safety equipment in good working order, including the following items; tire, lights, signals, brakes, steering, mirrors, exhaust, windows, body integrity, and any other aspects which might affect the safe operation of the vehicle. In addition, I will transport only the number of people for which the vehicle is equipped with safe passenger securement systems, and I will ensure that every passenger will use those restraints whenever they are in the vehicle.
4. **Insurance Requirements.** I have in effect at the time of transporting this child at least the minimum vehicle liability insurance coverage required by the State of Wisconsin for the vehicle which I will use I agree that my insurance carrier will provide the primary liability coverage in the event of an accident.
5. **Driver's License.** I understand and will provide, or allow the District to make, a copy of my driver's license which will be attached to this form.

Name of Student Being Transported: _____

Name of Non-Parent Driver: _____

Date of Event: _____

Location of Event: _____

(Driver Signature)

(Date)

A copy of your driver's license and proof of insurance (certificate of insurance or copy of insurance summary page) must accompany this form. If the adult (non-parent) driver is NOT a district employee, a background check must also be done.

Parent/Guardian

I hereby grant permission for _____ to drive my child TO – FROM – BOTH (circle one) the above noted location on the date specified. I understand that this form must be on file with the school office in a timely manner prior to the date/time of the event so as to affirm this permission.

(Parent Signature)

(Date)