

SAN RAFAEL CITY SCHOOLS

DRIVER AUTHORIZATION FORM

EMPLOYEES \* PARENTS \* VOLUNTEERS

**AT LEAST 10 DAYS PRIOR TO DRIVING  
COMPLETE & RETURN THIS FORM & REQUIRED DOCUMENTS TO SCHOOL SITE MAIN OFFICE**

Driver's Name:	Driver's Phone:
Driver's Email (for notification):	
School(s):	<input type="checkbox"/> FIELD TRIP(S) <input type="checkbox"/> ATHLETIC

**\* \* MINIMUM INSURANCE REQUIREMENTS \* \***

1. Public Liability: Minimum of \$100,000 per person Minimum of \$300,000 per accident
2. Property damage: Minimum of \$100,000 per accident
3. Uninsured motorist: Minimum of \$100,000 per accident
4. Medical: Minimum of \$5,000 per person

<input type="checkbox"/> Insurance Provider and Policy #:
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1. Vehicle capacity is one passenger per seat belt. [I will ensure that all of my passengers wear their seatbelts.](#)
2. I have inspected my vehicle and it is in safe operating condition: lights, horn, turn signals, brakes, tires, and suspension.
3. I have no physical limitations that would adversely affect my ability to drive safely, including, but not limited to, blackouts, seizures, or release from an alcohol or detoxification facility within the last 6 months.
4. I have no prior convictions for driving under the influence, nor will I consume any alcoholic beverages or other drugs while on a school-sponsored field trip or athletic event.
5. I have no prior convictions for violent or serious felonies as listed and described in subdivision (c) of Section 667.5, Section 1192.7, and Section 44010 of the Penal Code.
6. I have provided San Rafael City Schools with (1) a copy of my driver's license, (2) current DMV driving record, (3) current insurance billing statement and (4) current proof of insurance card.
7. I am an adult over the age of 25:
  - I certify that the above information is correct and that the insurance coverage provided is in force. I agree to advise the District in writing of any changes in the above information.
  - I will be using a vehicle listed on my insurance document. I understand that my insurance is PRIMARY in case of an accident, and San Rafael City Schools accepts no responsibility for damage or loss to my vehicle.
  - I understand that I must IMMEDIATELY notify San Rafael City Schools of any changes to my Driver's License validation or restrictions, or if my insurance coverage no longer meets the specified requirements.

**PLEASE NOTE: This form expires on the last day of the current school year and must be renewed each school year**

Signature of Driver: \_\_\_\_\_ Date: \_\_\_\_\_

Site Principal: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRICT OFFICE:

INS		DMV		DL		APPROVED:		DATE:	
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# REQUIRED DOCUMENTATION

ALL DRIVERS, including parents and district employees, must complete and sign a Driver Authorization Form and submit all required documentation **at least ten (10) working days prior to the trip**. This includes parents driving only their children for any school function.

Signed form and required documents must be taken to the school site Main Office

\*\* ONCE YOUR FORM IS APPROVED, YOU ARE AUTHORIZED TO DRIVE FOR  
SAN RAFAEL CITY SCHOOLS DISTRICT \*\*

PLEASE NOTE: Submitting paperwork IS NOT an automatic authorization to drive. You must receive notification of approval via email or phone PRIOR TO DRIVING.

## Required documentation includes:

1. CURRENT Driver Authorization Form **-(original)** – signed by parent and school site
2. CURRENT Driver License Record (DMV)- \$5.00 at DMV; \$2.00 online  
<https://www.dmv.ca.gov/portal/dmv/detail/online/dr/welcome>
3. CURRENT Insurance Policy Declaration Doc **(copy)** – includes driver's name, **coverage limits** & expiration date
4. CURRENT Proof of Insurance Card **(copy)**
5. VALID Driver's License **(copy)**

## SAMPLE INSURANCE BILLING DOC:

**Automobile Policy Declarations**

Please keep with your policy.  
See Important Notice on reverse.  
For questions or changes call: 1-800-922-8228

DECLARATION TYPE: Amended Declarations PAGE: 1 of 1

POLICY TYPE: Member PROCEED DATE: 04-02-2008

POLICY NUMBER: 1989 ISSUED SINCE: 1989

Year Policy Expires: 05-27-2008 TO 05-21-2008

ITEM 01 TOYDT  
ITEM 02 TOYDT  
ITEM 03 CHEVR  
ITEM 04 ROCK

COVERAGE	EACH PERIOD	EACH OCCURRENCE	DEDUCT	PREMIUM	DEDUCT	PREMIUM	DEDUCT	PREMIUM	DEDUCT	PREMIUM
Bodily Injury	100,000	300,000								No Coverage
Medical Payments	10,000									No Coverage
Uninsured Motorist	100,000	300,000								No Coverage
Property Damage		50,000								No Coverage
Comprehensive	Actual Cash Value Less Deductible		100		100		No Coverage		500	\$8
Collision	Actual Cash Value Less Deductible		500		500		No Coverage		500	\$13
All Risks	Actual Cash Value Less Deductible		No Coverage		No Coverage		No Coverage		No Coverage	
TOTAL PREMIUM PER VEHICLE										\$22

Automobile Death Benefits: A-\$15,000 first named insured; B-\$15,000 each additional named insured shown on endorsement F228.

Premium Summary: CA Surcharges: \$0.00 Total Additional Premium: \$22.00

Enhanced Transportation Expense Coverage: Item/s 01, 02.  
DISCOUNTS: Mat Drv: None MultiPolicy H03 Homeowners: Item/s 01 02 03 04  
Multi Car: Item/s 01 02 03

## REMINDERS:

- Driver Authorization Forms are valid for **ONE SCHOOL YEAR**. Each school year (July–June) ALL DRIVERS, including parents and district employees, must submit a new driver form with current documentation prior to driving students for any field trip/athletic event.
- Prior to the trip, drivers must conduct a thorough inspection of their vehicle. The inspection should include lights, horn, turn signals, brakes, tires (including a spare), and emergency tools.
- Carry only the number of passengers for which the vehicle has safety restraints. All passengers must use their seat belts at all times, one passenger per seat belt.
- Students under the age of eight (8), or less than four feet nine inches tall (4'9"), must be in a child safety seat (or booster) in the **back seat** of the vehicle. Please visit [chp.ca.gov](http://chp.ca.gov) online for current California child safety seat laws.
- Caravan travel is required if more than one vehicle is used for any trip.