

STUDENT VEHICLE AUTHORIZATION

School Name

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

STUDENT VEHICLE AUTHORIZATION
(Single use form)

PARENT APPROVAL

Student's Name:

Address:

Phone:

Cell Phone:

Please check the proper boxes:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Student has a valid Florida Driver's License law.

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 and carry passengers including fellow students**

Field Trip: **Destination:**

Departure date/time:				Return date/time:					
		A.M.	P.M.			A.M.	P.M.		
Date(s) of Trip	<input type="text" value="5/1/2013"/>	<input type="text" value="11:00"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Dates of Trip	<input type="text" value="5/1/2013"/>	<input type="text" value="4:00"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Signature of Student Driver

Signature of Parent