

VOLUNTEER DRIVER - AUTHORIZATION TO TRANSPORT STUDENTS

Part A

This will authorize _____ (Name of teacher or other volunteer driver)

- 1. To transport students participating in the events listed on the attached school schedule, OR
2. To transport students participating in the following school activity:

3. Vehicle Information: MAKE: _____ YEAR: _____ LICENSE #: _____

Date School Name Principal's Signature

NOTE: ALL "TRIP DRIVERS", INCLUDING VOLUNTEER DRIVERS ARE ADVISED THAT, IN ORDER TO BRING INTO EFFECT THE BOARD'S EXCESS LIABILITY INSURANCE, THEY MUST:

- a) Use a licensed automobile which carries valid automobile Third Party Liability insurance as required under Ontario legislation;
b) Provide the school board with prompt written notice, with particulars, of any accident arising out of the use of a licensed automobile during a trip on board-related business;
c) Be aware that the school board's Excess Automobile Liability insurance comes into effect only after the vehicle owner's primary Third Party Liability insurance limit has been exhausted;
d) Be aware that any damage to the volunteer's vehicle, the cost of any insurance deductible or premium adjustment as the result of an accident while the vehicle is being used on board-related business is NOT covered by the school board's Excess Automobile Liability insurance.

N.B. A "trip driver" is defined as any person authorized by the board who has agreed to be a driver for a certain trip while they are driving their own or another licensed automobile. This includes, but is not limited to: Trustees, employees, teachers, parents, volunteers, officials of the school board.

DECLARATION TO BE SIGNED BY DRIVER

I declare that I hold an unrestricted driver's license and am authorized to drive in Ontario, and my vehicle is insured by a valid automobile liability insurance policy as required by Ontario law.

I declare that the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

Signature Date

DECLARATION TO BE SIGNED BY OWNER (IF DRIVER DOES NOT OWN THE VEHICLE)

I declare that I have authorized _____ to drive my vehicle to transport students participating in the school event(s) listed on this form.

I declare that he/she holds an unrestricted driver's license, is authorized to drive and is insured as an operator under the vehicle's liability insurance.

I declare the vehicle described above is mechanically fit and that there are seat belts in working condition for all passengers.

Signature Date

See Part B (next page)

Volunteer Driver - Authorized to transport students continued**Part B****SUMMARY OF INSURANCE****(1) Volunteer Supervisors on School Premises**

The school board's Liability insurance policy protects both staff and volunteers who are working within the scope of their duties for the board. This coverage responds to law suits that are brought against staff or volunteers who are supervising school events and provides protection up to \$20 million for each occurrence.

(2) Volunteer Drivers for School Activities

Ontario legislation makes automobile insurance compulsory in the Province of Ontario. The same legislation makes the owner's insurance primary coverage in the event of an accident - in other words, the insurance carried on the vehicle responds first.

If a vehicle which is not owned by the school board is being operated by a volunteer or any other board employee for approved school activities, the Board's Non-owned Automobile Insurance endorsement will respond to Third Party Liability claims in excess of the owner's insurance limit up to a total combined limit as stated in the Non-owned Auto policy.

There is no coverage provided by the school board's insurance for damage to volunteer's or employee's vehicles while they are being operated for board activities.

According to Provincial legislation, passengers who are injured would recover Accident Benefits coverage from their own or a parent's automobile policy. In the absence of a personal or family automobile policy, the passenger would then be eligible to recover benefits from the insurance policy covering the vehicle in which they were riding.

(3) Personal Automobile Insurance Coverage

For the personal protection of volunteer drivers, it is recommended that the drivers carry a minimum of \$1 million of Third Party Automobile Liability insurance. Volunteers and board employees who use their personal vehicles for transporting students to school activities should advise their insurance carrier.

NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD EDUCATIONAL FIELD TRIPS - APPROVAL

School: _____ Grade(s): _____

Date of activity: _____ Duration of activity: _____

Nature of trip: local _____, regional _____, extended _____, special _____

Destination: _____

Teacher supervisor(s): _____

Name of supervisor with valid St. John Ambulance First Aid Certificate, as per Regulation 2(b):

No. of students: _____ No. of adult volunteers: _____

Time of departure: _____ Time of return: _____

Transportation requirements: _____

Purchase order for transportation submitted: Yes No Transportation costs: _____

Other costs (specify): _____

Allocation of costs (show amounts): Board \$ _____ Students \$ _____ Other (specify) \$ _____

Trip Leader's Signature

Date of Application

THE FOLLOWING REQUIREMENTS OF POLICY E-3 HAVE BEEN MET WITH RESPECT TO THIS ACTIVITY:

	Principal's Initials	Comments
1. Supervision - Ratio (Reg. 2a)	_____	
2. Supervisor(s) requirements (Reg. 2b)	_____	
3. Approval of project (Reg. 3)	_____	
4. Planning of project (Reg. 4)	_____	
5. Pupil preparation (Reg. 5)	_____	
6. Equipment (Reg. 6)	_____	
7. General guidelines' specifications	_____	
8. Plan of action for medical emergencies due to accidents or severe allergic reactions or Anaphylaxis	_____	

Principal's Signature

Date of Approval

Superintendent's or Director's Signature

Date of Approval

Note:

1. Information required in Reg. 4(a) of Section policy AS-21.0 must be attached to this form.
2. If adverse weather conditions on the day of the trip make it advisable, the postponement or cancellation of the activity should be considered and the superintendent advised accordingly.

NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD

**PARENT CONSENT
(REGIONAL, EXTENDED AND SPECIAL TRIPS)**

Student's surname: _____ Given names: _____

Destination of proposed trip _____

Pertinent details (please see attached for more information): _____

Student's costs: _____

Date of activity: _____ Duration of activity: _____

Approximate time of departure: _____ Duration of activity: _____

Information re transportation (student: school/home): _____

Teacher supervisor: _____

I HAVE READ THIS ITINERARY AND I AM FAMILIAR WITH THE NATURE OF THE TRIP THAT MY
_____ is proposing to take. To the best of my knowledge _____
(name of son or daughter) *(he or she)*

is physically and emotionally capable of making this trip and any special medication, if required, has been arranged through our family physician. Information regarding allergies and emergency medical treatment has been provided with student medical form if applicable to the student.

I ALSO AGREE THAT MY _____ shall be required to follow whatever school rules and regulations apply, as explained to them by the staff supervisor(s). In general, students are expected to behave in the same manner as they would if they were in school during a regular school day. School regulations shall be extended to cover the duration of the field trip, evenings included.

Parent's signature

Telephone number

Date

THE COMPLETED FORM MUST BE RETURNED TO THE TEACHER AT LEAST **ONE WEEK** PRIOR TO THE FIELD TRIP. PARENTS ARE INVITED TO TELEPHONE THE SCHOOL IF THEY REQUIRE ADDITIONAL INFORMATION.

**NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD
STUDENT MEDICAL INFORMATION**

Student's Name: _____

1. Date of Birth: _____ 2. Health Care Number: _____

3. Family Doctor: _____ 4. Telephone Number: _____

5. Parent/Guardian: _____ 6. Telephone (home): _____
(work): _____

7. Chronic illnesses (i.e., Diabetes, Epilepsy, Cerebral Palsy, etc.) Yes No

8. Does the student suffer from any of the following: (If yes, please check)

- | | | |
|---|--|---|
| <input type="checkbox"/> migraine headaches | <input type="checkbox"/> fainting spells | <input type="checkbox"/> ear, nose, throat infections |
| <input type="checkbox"/> urinary infections | <input type="checkbox"/> skin conditions | <input type="checkbox"/> digestion/bowel problem |
| <input type="checkbox"/> Others: _____ | | |

9. Blood type (if known): _____

10. **ALLERGIES** Yes No

If yes, please complete the following section.

a) Nature of reaction (hay fever, asthma, anaphylaxis, other): _____

b) Allergen (substance to which person is sensitive): _____

c) Level of prior medical attention
 • non-medical only • allergy specialist • family doctor

d) Severity of most serious reaction: _____

e) History of past treatment required
 • no treatment • prescription medication
 • non-prescription medication • hyposensitization

f) Past emergency treatment required
 • none
 • injection : If yes, specify Epipen or Anakit
 • doctor
 • emergency department
 • hospital admission

g) Frequency of treatment: _____

h) Management of treatment of reaction
 • Student can recognize and treat reaction
 • Adult is required to assist student
 • Medical person is required

NIPISSING-PARRY SOUND CATHOLIC DISTRICT SCHOOL BOARD
STUDENT MEDICAL INFORMATION

-2-

- i) Precautions used daily
• avoidance
• medication as required
• regular medication
• emergency measures on hand or readily available

Note: For all students with other than the mildest prior allergic symptoms or reactions a PHYSICIAN'S LETTER and/or Emergency Alert Protocol Form (E16) must be attached outlining the appropriate precautions and emergency measures.

11. OTHER MEDICAL CONCERNS

Is a special diet required for medical reasons? Yes No
Is your child on medication? Yes No
To be self-administered? Yes No
To be teacher-administered? Yes No
If yes, attach request for Administration of Oral Medication to Pupils by School Personnel During School Hours (Policy E16)

12. OPERATIONS (Has the student had:)

Appendectomy? How recently?
Tonsillectomy? How recently?
Others (specify):

13. EYE GLASSES Yes No CONTACT LENSES Yes No

14. Are there any other medical problems not mentioned on this form? Yes No
If yes, please specify:

15. Date of last check-up by family physician:

16. Does your child have any insurance (i.e., for school activities) Yes No
If yes, specify company and policy number:

Parent/Guardian Signature

Date