



# PARENT DRIVER AUTHORIZATION FORM

All parent drivers are required to fill out the below information and submit copies of the following documents:

- **Driver's License**
- **Insurance Certificate**
- **Alberta Driver's Abstract (3 year printed report)** An Alberta driver's abstract gives information about the current status of an operator's drivers license, any conviction information, demerit points and suspensions. The Alberta Driver's Abstract will only be utilized for the purpose of minimizing the risk of harm to students. All information is kept strictly confidential and will be used only for the purposes of this volunteer application. This report can be requested at any Alberta Registry for a fee of \$27.)

**DRIVER'S NAME** (print): \_\_\_\_\_

**DRIVERS LICENCE NUMBER:** \_\_\_\_\_ **EXP DATE:** \_\_\_\_\_

**CLASS:** \_\_\_\_\_

	VEHICLE #1	VEHICLE #2
Make		
Model		
Capacity		
Vehicle Owner's Name		
Telephone and Address		
Insurance Company		
Policy No.		
Agent		
Liability Limit \$ (min of \$2,000,000)		
Passenger Endorsement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**I have provided a copy of my driver's license, insurance certificate and Alberta Driver's Abstract.**

- I agree to abide by the requirements of the Highway Traffic Act and the City of Calgary 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 license 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 hereby declare this vehicle is in safe condition for transporting students.
- I agree to operate the automobile referred to in a safe manner, to drive in accordance with the Highway Traffic Act, to limit the number of passengers to the number of seatbelts which are usable and comply with the directions of teachers or agents of CWAA.
- I accept the above conditions and certify that the information contained in this application is accurate.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date