

ADMINISTRATIVE REGULATION

APPROVED: October 10, 2017

REVISED:

CENTENNIAL SCHOOL DISTRICT

340-AR-0. TRANSPORTING STUDENTS IN PRIVATE VEHICLES

District employees will not transport any District student in a motor vehicle owned or operated by the employee except under the following conditions:

1. Medical Emergency – student is experiencing a medical emergency and is unable to be transported to the closest hospital by police, paramedics or others who can render appropriate medical treatment.
2. Home Emergency – parent/guardian of student has experienced a serious accident or has died and the student’s presence at home is requested.
3. Bus Emergency – student is left at school after the bus departed and no other transportation is available.
4. Student Activities at Administration Building – student’s presence is required and no other transportation is available.
5. Athletic and Other Events – number of participants is so small that bus transportation is cost prohibitive.
6. Reward – students are rewarded, with parental permission, for a special award, project, etc. by an event away from school.
7. Evening Events – student is a key participant in a school event and has no other means of transportation.

Except in cases of emergency, the parent/guardian must complete the Authorization For Student To Ride With Staff Member form (340-AR-1) prior to the employee transporting a student in a private vehicle.

When a District employee transports a District student in a motor vehicle owned/operated by the employee under any of the circumstances stated above, the motor vehicle is considered in possession or control of the District. However, the employee’s insurance is primary in these situations, and the District acts as the excess insurance carrier.

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340-AR-1. AUTHORIZATION FOR STUDENT TO RIDE WITH STAFF MEMBER FORM

TO WHOM IT MAY CONCERN:

I hereby grant permission for _____ to participate in a
Student Name

trip or activity to: _____
Activity Name/Location

sponsored by: _____
Teacher/Group/Adult

on _____ leaving at _____ and returning at _____.
Date Time Time

Transportation for the activity will be provided by private vehicle. I give permission for my
child to ride with _____.
Name of Teacher/Coach/Sponsor

I understand that all school rules and guidelines apply, and all students participating in this trip
will be responsible to follow the school Code of Student Conduct. It is further understood that
students are required to go to and return from this event on the transportation provided.

Authorization to treat a minor: If I cannot be reached in an emergency, I hereby give permission
to the physician selected by the school staff to secure proper treatment for my child. I will be
responsible for payment of any medical services provided by health care providers. I waive any
and all claims against the Centennial School District for injury, accident, illness, or death
occurring during or by reason of the participation in this activity.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Please return the completed permission slip to the principal.

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Employee Section

Employee Name _____

Name of Insurance Company _____

Policy Number _____

Liability Limits:

Each Person _____

Each Accident _____

Bodily Injury Personal Injury Protection _____

Property Damage _____

Employee Signature: _____