

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
COOPER CITY HIGH SCHOOL**

**STUDENT DRIVER/PASSENGER AUTHORIZATION
PARENT APPROVAL / ANNUAL USE**

Student's Name: _____ Telephone: _____

Address: _____

Please circle:

Yes No Student has a valid Florida Driver's License with expiration date (attach a copy)

Yes No Student has auto liability insurance in accordance with Florida Law (attach a copy of car insurance card with make and model of an approved car and must be in the student driver's name)

Florida Statute 324.021 requires PROOF OF FINANCIAL RESPONSIBILITY – that proof of liability 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 \$20,000 because of injury to, or destruction of, property of others in any one accident.

Drive own car _____ Drive family car _____

Drive car and carry passengers including fellow students _____

During the 2016-2017 school year, I hereby attest the statements made above are true and I authorize my child to act as a volunteer driver on designated field trips with Cooper City Cross Country Team .

Name of Driver

Signature of Driver

Name of Parent

Signature of Parent

Date

PASSENGER

I authorize my child to ride with authorized students, chaperone, or staff :

Name of Passenger

Signature of Passenger

Name of Parent

Signature of Parent

Date

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