



River Charter Schools
P.O. Box 303
Clarksburg, CA 95612
www.rivercharterschools.org

Delta Elementary Charter
916-744-1200
Fax: 916-744-1246
www.deltacharter.org

Lighthouse Charter
916-744-1212
Fax: 916-744-1217
www.lighthousecharterschool.org

River Charter Schools
2016-2017

River Charter Schools Parent Volunteer Driver Check-Off List

YOU MUST HAVE ALL THESE ITEMS COMPLETED:

_____ Current TB Clearance on file in the office (TB Clearance is good for 4 years)

_____ Signed Parent Emergency Card

_____ Department of Justice FBI Live Scan

IF DRIVING ANYONE, OTHER THAN YOUR OWN CHILD, YOU MUST HAVE THE FOLLOWING ON FILE IN THE OFFICE:

_____ Copy of Current Drivers License

_____ Copy of current Insurance Policy showing proof of liability insurance of at least \$100,000/\$300,000 per occurrence.

_____ Volunteer Personal Automobile Use Form



River Charter Schools
P.O. Box 303
Clarksburg, CA 95612
www.rivercharterschools.org

Delta Elementary Charter
 916-744-1200
 Fax: 916-744-1246
 www.deltacharter.org

Lighthouse Charter
 916-744-1212
 Fax: 916-744-1217
 www.lighthousecharterschool.org

River Charter Schools
 2016-2017

Parent Emergency Card

Parent name - Last Name	First Name	MI	DOB - mm/dd/yyyy		Gender	
Physical Address				City	Zip	
Home Phone	Cell Phone		E-Mail Address			

EMERGENCY CONTACTS				
Please provide 3 people we can contact in case of emergency These should be people you trust to pick you up and/or care for you if you are unable to care for yourself.				
Name	Relationship	Home Phone	Cell Phone	Work Phone

MEDICAL INFORMATION			
Do you have any of the following conditions? (Please check all that apply and provide relevant details in the space provided)			
<input type="checkbox"/> Physical Activity Restrictions	<input type="checkbox"/> Hearing Problems	<input type="checkbox"/> Cardiac (Heart) Problems	<input type="checkbox"/> Special Blood Condition
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Vision Problems <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts	<input type="checkbox"/> Severe Allergies	<input type="checkbox"/> Daily Medications	<input type="checkbox"/> Other Injury or Condition
Preferred Hospital	Physician's Name	Physician's Phone	Insurance Carrier

In case that I become seriously ill or injured at school or on field trip and one of my emergency contacts cannot be reached, I grant permission for school personnel to have me transported to an emergency facility. I hereby authorize medical care and agree to pay all expenses incurred by the handling of this emergency care. I further acknowledge that school personnel may share information provided on this enrollment form with those persons identified by school personnel who require access to this information in order to provide emergency medical care in order to ensure the health, safety, and/or education of myself.

Parent/Guardian Signature Date



River Charter Schools
P.O. Box 303
Clarksburg, CA 95612
www.rivercharterschools.org

Delta Elementary Charter
 916-744-1200
 Fax: 916-744-1246
 www.deltacharter.org

Lighthouse Charter
 916-744-1212
 Fax: 916-744-1217
 www.lighthousecharterschool.org

River Charter Schools
 2016-2017

VOLUNTEER PERSONAL AUTOMOBILE USE FORM
[One Form Required for Each Driver to be Approved]

Thank you for volunteering your time, and your automobile, to help transport our students to off-site events or activities. In order to protect the health and safety of our students, our District requires that anyone (employee or volunteer) using their personal automobile to transport students to and from sanctioned activities must receive prior approval. Before we can issue such approval, certain information must be obtained at least fifteen (15) days before you transport our students. You must also agree to abide by certain rules regarding the operation of the vehicle as set forth below.

REQUIRED INFORMATION

Name of Driver:	
Calif. Driver's License No. & Exp. Date:	
Vehicle(s) Year/Make/Model:	
Vehicle(s) License Plate No.:	
Insurance Carrier:	
Policy Number and Expiration Date:	
Liability Coverage Limits:	

We also require a photocopy of (a) your Driver's license, and (b) your Insurance Policy Declarations Page. Should your Driver's License or Insurance Policy expire during the school year, updated photocopies showing their renewal are required before you will again be eligible to transport students. By signing below, you are also authorizing the District to (a) obtain a copy of your Driver Record History and status of your Driver's License, (b) conduct a criminal background check, and (c) contact your insurance company to confirm your insurance status. Also, **please also be advised**, that pursuant to Insurance Code Section 11580.9(d), in the case of an accident, **your insurance will provide the primary coverage for any resulting bodily injury or property damage.** The District's automobile liability coverage will apply, if at all, only after your insurance coverage is exhausted through the payment of covered claims. The District does not cover, nor is the District responsible for, comprehensive, uninsured motorists, or collision coverage for your vehicle.

VEHICLE SAFETY AND TRANSPORTATION PROCEDURES AND REQUIREMENTS

For the safety of our students, in signing below, you are also agreeing to the following rules and requirements:

1. I will not operate an automobile while impaired, whether due to alcohol, drugs (prescription or nonprescription), lack of sleep, or distraction of any kind. I will at all times comply with California law regarding proper operation of the Vehicle, including compliance with all speed limits and posted signs and placards.
2. I will not transport Students in a Vehicle I have reason to believe may be mechanically unsafe or that may become unsafe due to weather or other natural conditions. I will not transport Students unless I have a working seatbelt for each Student, with seatbelts to be used at all times by myself and all transported students. The Vehicle(s) may be inspected by District representatives.
3. I am over the age of 21 and will be the sole driver of the Vehicle for any given activity, event, or competition. I will not let anyone other than myself and authorized students ride in the vehicle. However, I may seek written permission from the District to allow another child of mine to ride in the Vehicle to a specific activity, event, or competition **if** the destination involves an activity, event or competition generally available to the public or, at my expense and with District permission, I can purchase admittance for such other child.

Printed Name	Signature	Date
Date Received by District:	Received by:	