

**The Covenant Preparatory School  
Transportation Consent Form and Medical Authorization**

**\*\*Please attach a copy of current driver's license, auto insurance, and medical insurance cards\*\***

I hereby give my consent for my child, \_\_\_\_\_, Grade \_\_\_\_\_, to participate in The Covenant Preparatory School's athletic teams. The above-named student is my child, and is now under my control and in my custody.

I authorize employees of The Covenant Preparatory School to consent to emergency medical treatment for my child in case of any illness or injury in connection with a school activity, including transportation to and participation in athletic practices and competitions. I hereby assume financial responsibility for any emergency professional services. It is understood that Covenant assumes no responsibility in case accident or illness occurs.

**Transportation:** The student athlete named above has my permission:

- To be transported on the Covenant bus to practices and competitions.
- To be transported with a designated chaperone, coach, or parent to practices and competitions.
- To drive his/her vehicle to practices and competitions.
- To transport other student athletes in his/her vehicle to practices and competitions as allowed by the State of Texas law pertaining to licensed drivers.
- Is permitted to ride with another licensed student driver to practices and competitions as allowed by the State of Texas law pertaining to licensed drivers.

I have discussed with the student athlete named above that he/she is to drive responsibly to designated locations for athletic practices and competitions and must obey all traffic laws. If a school representative feels that the driving privilege has been violated or if the student is observed driving recklessly, I understand and agree that this privilege may be revoked. Furthermore, we understand and agree that minimum legal insurance is required on my child's vehicle and the registration sticker must remain current.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Emergency Phone Number: Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Personal Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Additional Emergency Contact Name(s): \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Member ID: \_\_\_\_\_

Group Number: \_\_\_\_\_

Any Additional Information Needed for Medical Insurance? \_\_\_\_\_

# Transportation Driver Application Form

*It is the goal of this organization to create a safe and secure environment for all members and visitors. To facilitate this goal, it is necessary to gather pertinent information from those who desire employment or offer volunteer services through our transportation ministry. This information will be used for the sole purpose of helping select drivers and provide a safe and secure environment.*

## SECTION 1 – Driver Information

Full Name (as it appears on your driver's license): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Commercial Driver's License (CDL)?  YES  NO  
Driver's Date of Birth? \_\_\_\_\_  
What type of vehicles have you been trained to drive? \_\_\_\_\_

## SECTION 2 – Driving Record

- YES  NO Have you been in an accident and/or have you received a traffic citation for moving violations within the last three years? If yes, please complete details below.
- YES  NO Have you ever been convicted of DWI/DUI, had your driver's license suspended or revoked for moving violations, been for leaving the scene of an accident ("hit and run"), eluding an officer, reckless or negligent operation of a vehicle? If yes, complete details below.

Dates	Nature of Traffic Violation and/or Accident

## SECTION 3 – Requirements for Drivers

I certify, that, as of the date of this Application (initial):

- \_\_\_\_\_ I possess a valid driver's license and have attached a copy of it to this application.
- \_\_\_\_\_ I possess a valid automobile liability policy.
- \_\_\_\_\_ I know of no limitation or exclusions to my auto liability insurance that will affect my insurance coverage when/if I drive my own vehicle on a church/school activity.
- \_\_\_\_\_ I will maintain my current insurance policy and liability coverage and only volunteer to drive my own vehicle when such insurance policies and coverage are in force.
- \_\_\_\_\_ I understand that when I drive my own vehicle on a church/school activity, if there is an accident involving damage to my vehicle or any bodily injury, the organization's insurance policy **will not** provide me with primary or direct insurance coverage. The church's/school's insurance will be effective only after my personal automobile insurance coverage is exhausted.
- \_\_\_\_\_ I will advise the church/school of any change in information provided on this form, including, but not limited to, involvement in a car accident in which I am cited, any citations for moving violations, non-renewal, termination, or revocation of my license, and changes to, or termination or revocation of, my insurance coverage.
- \_\_\_\_\_ Students riding in any vehicle during a church/school activity will be seated and secured with individual working seatbelts before the vehicle is operated on a roadway.
- \_\_\_\_\_ My vehicle is in safe operating condition.
- \_\_\_\_\_ I will notify church/school personnel if I no longer wish to drive or if I wish to be removed from the Approved Driver List.

## SECTION 4 – Declaration and Signature

I have personally answered the questions on this application, and I affirm that the answers provided are true and correct as of the date written adjacent to my signature. My signature on this application constitutes my authorization for the church/school to perform a criminal background and/or driver's history investigation.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 5 – Church/School Approval

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_