

CAPE ELIZABETH SCHOOL DEPARTMENT

DESIGNATED DRIVER VERIFICATION FORM

Designated Driver Information

Driver's Name: _____

Address & Telephone: _____

Make/Model/Year of Vehicle: _____

Maine Driver's License No.: _____

Insurance Carrier: _____

Do you have \$1,000,000 liability per Individual? _____

Do you have \$1,000,000 liability per Occurrence? _____

Activity/Function Information

Activity/Function Description: _____

Destination of Activity: _____

Date of Activity: _____

School: _____

Release

I give my permission for Cape Elizabeth School Department to conduct a driving record investigation with the appropriate police authorities, including the Maine State Registry of Motor Vehicles. I understand that my individual insurance will be the first carrier sought for payment in the case of an accident.

Date

Driver's Signature

Date

Superintendent's Signature

IMPORTANT: Attach a photocopy of the driver's license, proof of insurance and a roster of the students being transported to this form and give to the building administrator. Building Administrator to forward information to Central Office.