

Highland Heights Presbyterian Church (HHPC) Driving Policy For Off-Campus Events

Purpose

The church depends upon volunteers to conduct the majority of its activities. Included in those activities is the need to transport adults and youth to various locations, events, and functions. To ensure the safety of those being transported, as well as meeting the legal requirements and responsibilities of the church, it is necessary to establish specific requirements fro those driving HHPC-owned/rented vehicles or personal vehicles used for the same purpose.

Specifics

The events covered by this policy include all events affiliated with HHPC and encompass the activities at all locations and any related ministries or organizations. Additionally, any event, function or activity sponsored by HHPC is included in this policy.

Students, for the purpose of this policy, are defined as those individuals 18 years of age and younger who have not yet graduated from high school.

This policy also applies to all volunteers and employees of the church.

Basic Requirements

1. Any driver for any event, function or activity as defined in this policy shall be at least 21 years of age. This includes the driving of HHPC-owned/rented vehicles, as well as privately-owned vehicles.
2. Bus drivers must be between the ages of 25 and 65 years old. Bus drivers must possess the appropriate Commercial Drivers License (CDL) and must comply with all CDL laws for the State of Tennessee.
3. Van driver must be between the ages of 21 and 70 years old.
4. Individuals who are over the age of 65 (for a bus) and 70 (for a van) may only be approved to drive with written authorization from the individual's personal physician attesting to his/her physical and mental ability in safely operating a motor vehicle. Once granted, authorization must be renewed on an annual basis.
5. Students will not be allowed to serve as drivers for any event, function or activity as defined in this policy. Students may transport themselves to the church, but will not be allowed to drive for the event, function or activity.
6. All drivers must have a lifestyle that does not demonstrate abuse of alcohol or drugs.
7. Driving Record Requirements:
 - A driver who has a minor violation (i.e., speeding 1-10 miles above the posted speed limit) with no at-fault accidents on his/her record may still be acceptable as an authorized driver.
 - A driver who has a violation (i.e., speeding 11-19 miles above the posted speed limit) with no at-fault accidents or other violations on his/her record shall be reviewed for qualifications as an authorized driver by the Pastor or Youth Director and the HHPC insurance carrier.
 - A driver with a driving record containing any of the following will not be permitted to operate a church vehicle or drive for any event, function or activity as defined in this policy under any circumstances.
 - 1.1.Speeding violation of 25 or more miles above the posted speed limit;
 - 1.2.DUI or DWI;
 - 1.3.Reckless driving;
 - 1.4.At-fault accidents.

HHPC Driving Policy Release

I do herby assume all risks and agree to release and hold harmless Highland Heights Presbyterian Church of Cordova Tennessee, its representatives, assistants, employes, and all related entities from any and all liability, loss or damage, actions, claims and demands, which my student now has or which may arise from their transportation to and from HHPC-related activities, functions, and events. This shall serve as a release and assumption of risk for their heirs executors and all personal representatives.

Parent Guardian Signature _____ Date _____

This instrument was signed before me this _____ day of _____, 2009, by _____

In witness whereof I herewith set my hand and official seal

Notary Public: _____

Student Information

Student Name _____ Birthdate _____ Age _____
 School _____ Grade in 2008-09 _____ Date of Last Tetanus Shot _____
 Address _____ City _____ Zip _____ Home Phone _____
 Mother Name _____ Work Phone _____ Cell Phone _____
 Father Name _____ Work Phone _____ Cell Phone _____

In Case of Emergency Call

1. Name _____ Relationship _____ Phone _____ hm wk cell
 2. Name _____ Relationship _____ Phone _____ hm wk cell
 3. Name _____ Relationship _____ Phone _____ hm wk cell

Allergies, medicines or medical information that needs to be known about the student (attach sheet if more room is needed):

Medical Insurance Information

Doctor _____ Phone _____
 Insured Parent Name _____ Insured Parent Employer _____
 Insurance Company _____ Policy Number _____
 Insurance Company Address _____ City _____ State _____ Zip _____
 Insurance Company Phone Number _____

Please attach copy of insurance card.

I understand that in the event of a medical emergency, every effort will be made to contact the parent or guardian listed above. However, in the event that the above-named parent or guardian cannot be reached, I hereby authorized the church minister(s) or youth sponsor(s) present on such trip, activity or event to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and have administered to him/her such injection, medication, anesthesia, surgery, hospitalization or such other medical practices as is deemed necessary.

I am aware that my student will be given the choice to participate in activities that may be physically and emotionally demanding and where certain inherent risks and dangers may exist. I recognize that there is an element of risk in any adventure, sport or activity. My student may be exposed to extraordinary physical hazards, weather conditions or other unknown events. I have noted on this Medical Release Form* any and all conditions which may affect my student's participation. I do hereby assume all risks, and I agree to release and hold harmless Highland Heights Presbyterian Church of Cordova Tennessee, its representatives, assistants, employees, and all related entities from any and all liability, loss or damage actions, claims and demands, which my student now has or which may arise from his/her participation in these activities. This shall serve as a release and assumption of risk for their heirs executors, and all personal representatives.

I further state that I have listed above all known allergies and health problems for my child and any other information pertinent to his/her health, including medications he/she takes. I agree to revise this information, as it may change during the calendar year 2009 so that the above reflects the current health status of my child at any given time. I am retaining a copy of this form for my files.

Parent/ Gaurdian Signature _____ Date _____

**Medical Release Forms currently on file may be reviewed at any time and updated as needed.*