

**EMPLOYEE USE OF PERSONAL VEHICLE**

As a full-time employee of the School District of Newberry County I,  
\_\_\_\_\_, understand the use of my personal vehicle  
\_\_\_\_\_ (no mini-vans) to transport students is the liability

(Type of vehicle)  
of my personal automobile insurance, in the event of an accident, to the limits of that  
policy. After those limits are exhausted, the district's automobile policy will become  
effective as a secondary carrier.

Also, by my signature I acknowledge that I must receive signed parental permission for  
any student that will travel in my personal vehicle. Those signed permissions are on file  
at the school. I have also checked with the school nurse to address any pertinent student  
health information.

DATE OF TRIP: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

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\_\_\_\_\_  
(Signature of vehicle owner)

\_\_\_\_\_  
(Date)