



Sidney High School

1012 4th Ave. S.E.
Sidney, Montana 59270

(406) 433-2330
Fax: (406) 433-2481

Authorization to drive a non-school owned vehicle on a school-sponsored trip.

Trip to: _____ for _____

Date: _____

I agree to drive my private vehicle on the above-mentioned trip. This vehicle is covered by collision and liability insurance. I understand that in case of an accident my insurance will be the only coverage for collision and the primary coverage for liability.

I also understand that in case of an accident neither the Sidney Public Schools nor its personnel are responsible for damages.

Signature