



Authorization to Drive Automobile

School _____

Student _____

This is to certify that the student named above has permission to drive his/her automobile, and to transport other persons, to and from athletic practices and/or athletic contests during the _____ school year. I acknowledge that the DeKalb County School District assumes no responsibility for nor gives any assurances as to the safety or insurance coverage of the car or driver.

I acknowledge that the Georgia High School Association (GHSA) assumes no responsibility for catastrophic insurance coverage of the car or driver. I further certify that the automobile in question is properly and adequately insured.

Signature of Parent

Signature of Principal

Date

Date