

Carpool Agreement

1. The purpose of this carpool is to transport children to _____
[name of activity], located at _____ *[address]*.
2. The carpool will begin on _____ *[date]* and end on _____ *[date]*.
3. Inbound trip: The carpool will pick up _____ *[the first child to be picked up]* at
_____ *[time]* and pick up the rest of the children in this order:
_____ *[list the pickup order]*.
4. Return trip: The carpool will meet the children at _____ *[time]* and deliver
the children to the addresses listed below in this order: _____ *[list the
drop-off order]*.
5. Special agreements (waiting time, alternate drop-off sites, etc.):

6. The members of the carpool and the riders are:

Child 1

Child's name: _____

Inbound pick-up address: _____

Outbound drop-off address: _____

Parent(s)' or guardian(s)' name(s): _____

Parents'/guardians' home address: _____

Parents'/guardians' work address: _____

Parents'/guardians' contact information:

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Driver's name: _____

Drivers' License Number: _____

Driver's address, if different from above: _____

Driver's phone, if different from above: _____

Model, make, and license number of vehicle(s) driver expects to use:

Name of insurance company: _____

Names, phone numbers, and relationship to you/child of two people to call, other than those listed above, in an emergency:

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Name and phone number of child's physician: _____

Child 2

Child's name: _____

Inbound pick-up address: _____

Outbound drop-off address: _____

Parent(s)' or guardian(s)' name(s): _____

Parents'/guardians' home address: _____

Parents'/guardians' work address: _____

Parents'/guardians' contact information:

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Driver's name: _____

Drivers' license number: _____

Driver's address, if different from above: _____

Driver's phone, if different from above: _____

Model, make, and license number of vehicle(s) driver expects to use:

Name of insurance company: _____

Names, phone numbers, and relationship to you/child of two people to call, other than those listed above, in an emergency:

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Name and phone number of child's physician: _____

Child 3

Child's name: _____

Inbound pick-up address: _____

Outbound drop-off address: _____

Parent(s)' or guardian(s)' name(s): _____

Parents'/guardians' home address: _____

Parents'/guardians' work address: _____

Parents'/guardians' contact information:

Home phone: _____

Work phone: _____

Cell phone: _____

Email: _____

Driver's name: _____

Drivers' license number: _____

Driver's address, if different from above: _____

Driver's phone, if different from above: _____

Model, make, and license number of vehicle(s) driver expects to use:

Name of insurance company: _____

Names, phone numbers, and relationship to you/child of two people to call, other than those listed above, in an emergency:

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Name and phone number of child's physician: _____

8. By signing this Agreement, I agree to abide by its terms to the best of my ability. I understand that any member of the carpool can cease participation without notice but agree to give as much notice as is possible under the circumstances. I understand that if a member is not fulfilling his or her responsibilities, that member may be asked to leave. I understand that this document is not a legally binding agreement and is entered into in a spirit of cooperation and a shared desire to make the carpool work well for the benefit of the children and their parents or guardians.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date