

drive-rite School, LLC. (faoh)
MEDICAL RELEASE FORM

The completion of this form is ***REQUIRED*** before students may participate in the practical (training or behind-the-wheel) portion of the *drive-rite* driver education/training program.

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Home Telephone: _____ Work: _____ Cell: _____

Additional Emergency Contact: _____ Telephone: _____

Doctor's Name: _____ Telephone: _____

My child has the following medical/special needs conditions. List medication(s) taken that may affect his/her abilities to drive:

In the event neither parent/guardian nor the doctor listed above can be contacted, I/We hereby authorize the *drive-rite* School, LLC. or it's representative to obtain emergency medical care for my child when, in the opinion of a physician or surgeon licensed under the provisions of the Medical Practices Act, such medical care will be for the best interest of the child and should not be delayed pending consent of the parent(s) or family doctor. I understand that *drive-rite* School, LLC. has insurance which pays for the medical or hospital costs that might be incurred on behalf of my child while in an accident in our vehicle. Consequently, I/We understand that any and all costs shall be my sole responsibility.

Parent/Guardian Signature: _____ Date: _____

Print and complete this form before class enrollment or behind-the-wheel sessions. Please feel free to call (513) 939-1222 with any comments or questions. THANK YOU.

www.drive-riteschool.com