

**Emergency Medical Form**  
**(Please Print Clearly)**

**Student Information:**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Cell # \_\_\_\_\_ (Used for drive scheduling only)

Birthdate: \_\_\_\_\_ High School Attending: \_\_\_\_\_

**To help us with scheduling, please circle your current enrollment in high school: many schools allow excused absences for drive times!**

*Classroom, Classroom, and Online, All Online* **Are you available to drive during school times?**  
**Yes or No**

**Permit #** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

**Please Circle:** Is this your **FIRST PERMIT** or **RENEWAL**?

**How many hours have you driven with your parents?** \_\_\_\_\_

**Parent/Legal Guardian Information (This will be the main contact, along with the student, for drive time scheduling)**

Name/Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ \*\*Please list **ALL** the child's medical history including surgeries, allergies, medications being taken and any other impairments that may affect them in the classroom or while driving. \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact Information:**

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Medical Authorization:**

I, \_\_\_\_\_, being the parent or legal guardian of \_\_\_\_\_, grant authorization of medical treatment of this minor by a health care professional should the need arise while he/she is attending Confident Driving Academy.

\_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_

Date