

BUCKLE UP DRIVING SCHOOL LLC

7183 Beechmont Avenue

Cincinnati, Ohio 45230

Phone (513)231-9600

Fax (513)231-9601

Medical Release Form

The completion of this form is required before students may participate in the driving portion of Drivers Education.

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Additional Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Doctor's Phone _____

My child has the following medical conditions that may affect him/her in the car:

In the event neither parent nor the doctor listed above can be contacted, I hereby authorize the Buckle Up Driving School LLC or their representative to obtain emergency medical care for my child when, in the opinion of a physician and surgeon licensed under the provisions of the Medical Practice Act, such medical care will be for the best interest of the child and should not be delayed pending consent of the parents or family doctor. I understand that Buckle Up Driving 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 car. Consequently, I understand that any and all costs shall be my sole responsibility.

Parent/Guardian Signature _____ Date _____

Print & complete this form before class. Feel free to call 513-231-9600 with any questions or comments. Thank you.

www.BuckleUpDrivingSchool.com