

B-SAFE Driving Education LLC

809 W. Central Ave.
Carlisle, Ohio
937-743-2967

100 N. Miami St.
Trenton, Ohio
513-988-7233

885 S. Main St
Centerville, Oh
937-743-2967

Medical Release Form

This form is required before student may participate in the car portion of driver's education.

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Primary Cell Phone: _____ Secondary Cell Phone: _____

Second Contact Name: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Hospital: _____ Phone: _____

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

Special Medications: _____

In the event neither parent nor the doctor listed above can be contacted, I hereby authorize B-SAFE Driving Education LLC or their designee to obtain emergency medical care for my child when, in the opinion of a physician and/or 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 B-SAFE Driving Education 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 their car.

Parent/Guardian signature

Date