

EMERGENCY MEDICAL FORM



Student's Full Name: _____

Address: _____ City: _____

Zip Code: _____

Student Cell#: _____ (used only to contact with drive changes or cancellations)

Birthdate: _____ High School Attending: _____ H.S.

To help us with scheduling, please circle your current enrollment in high school: Full-Time – Part Time—Virtual

Permit #: _____ Issue Date: _____ This is my (circle one): First Permit / Renewal

Approximately how many hours have you driven with your parents? _____ Total Hours. Nighttime _____ Hours

Purpose - To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Danville Driving Academy authority, when parents or guardians cannot be reached

Emergency Contacts:

Father/Guardian: _____ Phone#: _____

Mother/Guardian: _____ Phone#: _____

Other Name: _____ Phone#: _____

Relationship to child: _____

Please list any information concerning the child's medical history, including allergies, medications being taken, and any physical impairments.

EMERGENCY MEDICAL AUTHORIZATION:

In case of illness or injury, I authorize for my child, _____, to receive emergency medical treatment through emergency medical services (911), and to be transported by squad to nearest hospital if EMS deems necessary.

Signature of Parent/Guardian

Date.