

Behind The Wheel School of Driving
3110 Warrington Road
Shaker Heights, OH 44120
216-509-3574

Medical Release Form

This form is required before students may participate in the car portion of Drivers Education.

Student Name _____ Age _____

Parent/Guardian Name _____

Home Phone _____ Cell _____ WK _____

Doctor's Name _____ Phone _____

Hospital _____

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 Behind The Wheel School of Driving or his designee to obtain emergency medical care for my child when, in the opinion of a physician and surgeon license 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 Behind The Wheel School of Driving 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 _____