

B-SAFE Driving Education LLC
8 West State Street - Trenton, Ohio 45067
513-988-SAFE (7233)
www.bsafedrivinged.com

885 S. Main Street
Centerville, Ohio 45458
937-743-2967

809 W. Central Ave.
Carlisle, Ohio 45005
937-743-2967

MEDICAL RELEASE FORM

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

Student Name: _____ Age: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Primary Cell Phone: _____ Secondary Cell: _____

Second Contact Person: _____ Phone: _____

Doctor's Name _____ Phone: _____

Hospital: _____ Phone: _____

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

Special Medications: _____

In the event that neither parent or 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 medical or hospital costs that might be incurred on behalf of my child while in an accident in a B-SAFE Driving Education LLC car.

Parent/Guardian Signature

Date: _____