Debbie's Driving Academy
8149 Slabtown Road
Columbus Grove, Ohio 45830
(419) 641-6400

EMERGENCY MEDICAL FORM

Student Information

Students Name_____ Date_____
Parent/Guardian Name _____Phone #_____
Doctor _____ Phone # _____
Dentist_____Phone #_____
Medical Specialist_____Phone #_____
Local Hospital _____Phone #_____

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

_____
_____
_____

Emergency Telephone Numbers

Please list any other authorized persons to contact if your child is ill or injured.

1st Contact _____ Relation _____ Phone # _____
2nd Contact_____ Relation_____Phone # _____
3rd Contact _____ Relation_____Phone # _____
4th Contact _____ Relation_____Phone # _____

EMERGENCY MEDICAL AUTHORIZATION
_____ Yes, I authorize consent for emergency medical treatment.
_____ No, I DO NOT authorize consent for emergency medical treatment.

EMERGENCY SURGERY AUTHORIZATION
_____ Yes, I authorize consent for emergency surgery following two opinions.
_____ No, I DO NOT authorize consent for emergency surgery following two opinions.

_____ Date_____
Signature of Parent or Guardian