

Duke Driving School, LLC
108 S. Main St.
London, Ohio 43140
Office: (740) 490-7171 Cell: (740) 490-8333

Medical Release Form

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

Student Name _____ Age _____

Parent(s)/Guardian(s) Name _____

Home/Cell Phone _____ Work _____

Doctor's Name _____ Phone _____

Hospital _____

My son/daughter has the following medical condition(s) that may affect him/her in the car:

In the event neither parent(s)/guardian(s) nor the family doctor listed above can be contacted, I hereby authorize the Duke Driving School, LLC or his designee to obtain emergency medical care for my child when, in the opinion of a physician/surgeon licensed under the provisions of the Medical Practice Act, such medical care will be for the best interest of my child and should not be delayed pending consent of the parent(s)/guardian(s) or family doctor. I understand that Duke Driving School, LLC carries insurance which covers emergency medical/hospital costs that might be incurred on behalf of my child should there be an accident during a behind-the-wheel lesson. Consequently, I understand that any and all other medical/hospital costs shall be my sole responsibility.

Parent(s)/Guardian(s) Signature _____ Date _____