



Medical Release/Special Services Form-Driver Education

Student/Adult Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ (Depending on the situation, the closest may be used)

My child/I has/have the following medical conditions that may affect him/her/me in the car/classroom \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ◇ My child has an IEP, 504, or receives special services for learning in the classroom at school. Please describe the adjusted needs they receive at school below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event, neither the parent nor the doctor/dentist listed on this form can be contacted, I authorize Hocking College Driver Education Program or their staff member to obtain emergency medical/dental care for my child when, in the opinion of a physician and/or a surgeon licensed under the provisions of the Medical Practice Act, or a licensed dentist, such medical/dental care will be in the best interest of the child and should not be delayed pending consent of the parents or family doctor/dentist.

Parent/Guardian/Adult Signature \_\_\_\_\_ Date \_\_\_\_\_