

# DRIVING SCHOOL EMERGENCY MEDICAL INFORMATION

DRIVER # \_\_\_\_\_

NAME \_\_\_\_\_

IN AN EMERGENCY NOTIFY: \_\_\_\_\_

IS THIS PERSON AT THE TRACK? YES \_\_\_\_\_ NO \_\_\_\_\_

PHONE: \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

\_\_\_\_\_

**BLOOD TYPE:** \_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_

If you are pregnant we require the written approval of your physician.

Do you have any condition that might impair your ability to perform the tasks expected of a student in this school, impede your ability to communicate with your instructor, or that would impair your ability to exit the vehicle in case of an incident? No \_\_\_\_\_. Yes \_\_\_\_\_, explanation follows:

\_\_\_\_\_

\_\_\_\_\_

**(THIS FORM IS REQUIRED TO DRIVE ON THE TRACK)**