

**CONFIDENTIAL HEALTH INFORMATION**

Student name: \_\_\_\_\_ gender pronoun \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian emergency contact phone numbers: \_\_\_\_\_ / \_\_\_\_\_

1. Please circle and explain any physical limitations that may affect your teenager in the Classroom or Behind the Wheel.

Hearing Challenges      Yes    No \_\_\_\_\_

Vision Challenges      Yes    No \_\_\_\_\_

Orthopedic Challenges    Yes    No \_\_\_\_\_

Epilepsy                    Yes    No \_\_\_\_\_

Asthma                     Yes    No \_\_\_\_\_

Diabetes                    Yes    No \_\_\_\_\_

Does your teenager carry an Epinephrine Auto Injector (EpiPen)?      Yes    No

Other Special Needs (please describe) \_\_\_\_\_

2. Please list any medications your teenager may carry or take regularly that might cause drowsiness or have side effects that can affect them either in the Classroom or Behind the Wheel.

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

3. Please describe those side effects:

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

4. Everyone learns differently and at a different pace. We want all students to have a successful experience in driver's education. Does your teenager have any specific learning challenges (including difficulty reading ) which might hinder progress or limit participation in either the Classroom or Behind the Wheel activities? Additionally, If you know something about your teens learning preferences please share them with us.

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

In the event my son/daughter sustains any injury during his/her participation in this program, I hereby give my permission for him/her to receive emergency medical care as deemed necessary by medical personnel. I hold harmless and release from liability Proficient Driving Instruction, it's employees and all medical personnel.

Parent/Guardian signature \_\_\_\_\_ date \_\_\_\_\_