



**Medical/Insurance Release
Form**

This form is required before students may participate in the car portion of
Driver's Education

Student Name _____ Age _____

Parent/Guardian Name _____

(Home) Phone _____ (Cell) Phone _____

Doctor's
Name _____ /Phone _____

Hospital _____

I have listed the following medical conditions and or medicines that may affect
(myself) while driving in the car:

In the event that an accident was to occur and for any reason KMR Driving School or Emergency Personnel is unable to get in contact with individual listed above. I hereby authorize KMR Driving School and Emergency Personnel to give consent to treat and obtain any necessary medical records on behalf of my (myself/son/daughter). In addition, if the opinion of a physician and surgeon license under the provisions of the Medical Practice Act, such medical care would be needed to the best interest of (myself/or child) they should not be delayed pending consent of the parents/guardian. In addition, if an accident is caused unintentionally by any KMRDS student(s) the police maybe or will be called if it is a minor accident as well as the insurance company. If an accident is caused due to a student negligence or deliberately caused by not following the licensed instructor(s) directions or instructions KMRDS will not held accounted for any damages and the student/and or parent/guardian will be notified immediately and maybe held responsible for their actions. All KMRDS car(s) are equipped with dash cameras to protect the instructor(s)/students.

Social Media Consent

KMR Driving School at times may take pictures of the student(s) engaging in classroom activities and or Behind The Wheel activities while conducting classes inside/outside, and on the student(s) last day of class or BTW each student pictures will be taken to congratulate them of their accomplishments.

These pictures may be or will be used for the sole purposes for KMRDS (Facebook/Instagram/Google, etc.)

☐ I **give consent** KMRDS to allow (myself/ son/daughter) to participate in any photos taken during enrollment.

☐ I **do not** give KMRDS consent to allow (myself/son/daughter) to participate in any photos.

I have read the front/back page of this form. By signing this form, you are acknowledging that you understand the entirety of this form. KMRDS has given the parent(s)/guardian(s) and student(s) the opportunity to answer any questions before signing this form.

(Student) Signature_____ /Date_____

(Parent/Guardian) Signature_____ /Date_____