Washington Driver Education Center 101

**Confidential Health Information**

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

Parent/Guardian Work Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please circle below any physical or medical limitations that your teenager may have:

Hearing Problems Yes No Rheumatic Fever Yes No

Vision Problems Yes No Epilepsy Yes No

Diabetes Yes No Fainting Spells Yes No

Heart Trouble Yes No Paralysis Yes No

Orthopedic Problems Yes No Cerebral Palsy Yes No

Chronic Illness Yes No Asthma Yes No

Other: Yes No

Please describe any “Yes” answer in detail.

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1. Is your son or daughter taking any Medication regularly? Yes No

If “Yes” please list medicine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any side effects: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does your son or daughter have any specific learning disabilities (including reading difficulties) which might hinder progress or limit participation in either the classroom or behind-the-wheel activities? Yes No

If “Yes” explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Has your son or daughter been convicted of a Minor in Possession, DUI, DWI or any other offense which would restrict their driving privilege? Yes No

If “Yes” explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you wish to schedule a conference with the TSE instructor? Yes No

I fully approve of my son/daughter enrolling in the Washington Driver Education Center 101 Traffic Safety Program and will provide additional supervised Behind-the-Wheel practice in addition to the minimum SIX-hour lessons of Behind-the-Wheel practice provided by the WADEC101 driving instructors. An average of two to three hours of adult-supervised driving to each on hour of WADEC101 Behind-the-Wheel lesson is recommended.

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Parent/Guardian Signature Date

NOTE: We comply with all HIPPA Regulations concerning this confidential information. Use of information by WADEC101 is only to ensure the safety and comfort of our client’s and instructors.