

CRESO 113 Traffic Safety Education
CONFIDENTIAL HEALTH INFORMATION

STUDENT NAME: _____

PARENT / GUARDIAN NAME: _____

PARENT / GUARDIAN TELEPHONE CONTACT: _____ - _____ - _____ C W H

ALTERNATIVE CONTACT NUMBER: _____ - _____ - _____ C W H

PARENT / GUARDIAN EMAIL ADDRESS: _____

1. Please circle any physical or medical characteristics 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 Condition	Yes	No	Paralysis	Yes	No
Orthopedic Problems	Yes	No	Cerebral Palsy	Yes	No
Chronic Illness	Yes	No	Asthma	Yes	No
Other (please describe) _____					

Please describe any "YES" response in detail.

2. Does your son/daughter take any prescribed medication(s) on a regular basis? **Yes** **No**

If "Yes", please list medicine(s): _____

Describe possible or noted side effects: _____

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

If "Yes", explain: _____

4. Does your son/daughter have an IEP or 504 Plan in place at school? **Yes** **No**

5. Has your son/daughter been convicted of a Minor In Possession (MIP), a DUI, or any other legal offense that would restrict his/her driving privileges? **Yes** **No**

If "Yes," explain: _____

I fully approve of my son/daughter enrolling in the CRESO 113 Traffic Safety Program and will provide a minimum average of two to three hours of adult-supervised driving each week of the class.

Parent / Guardian Signature

Date

RE: 11/8/16