

**RULES OF THE ROAD DRIVING SCHOOL**  
**CONFIDENTIAL HEALTH INFORMATION**

PARENT OR GUARDIAN NAME: \_\_\_\_\_

PARENT OR GUARDIAN WORK TELEPHONE # \_\_\_\_\_

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: (describe)

Please describe any "YES" answer in detail.

\_\_\_\_\_

2. Is your son or daughter taking any medication regularly?      Yes    No

If "Yes," please list medicine: \_\_\_\_\_

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

3. 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: \_\_\_\_\_

\_\_\_\_\_

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

If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

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

I fully approve of my son / daughter enrolling in the Rules of the Road Driving School Traffic Safety Program and will provide additional supervised Behind-the-Wheel practice in addition to the minimum FIVE hours lessons of Behind-the-Wheel practice provided by the Rules of the Road Driving School driving instructors. An average of two to three hours of adult-supervised driving to each one hour of Rules of the Road Driving School behind-the-wheel lesson is recommended.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

NOTE: We comply with all HIPPA Regulations concerning this confidential information. Use of information by RORDS is only to ensure the safety and comfort of our Client's and Instructors.