

EMERGENCY MEDICAL AUTHORIZATION

Student Name _____ Home Phone _____
Address _____ School _____
E-mail address _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency medical treatment for children who become ill or injured under school authority, when parents or guardians cannot be reached.

PART I OR II MUST BE COMPLETED

PART I

TO GRANT CONSENT

In the event reasonable attempts to contact the following have been unsuccessful:

	Name	Phone
Parent/Guardian	1 _____	_____
	2 _____	_____
Nearest Relative	3 _____	_____
Or Grandparents	4 _____	_____

I hereby give consent for the administration of any treatment deemed necessary by:

Family Physician 1 _____
Family Dentist 2 _____

In the event the designated preferred physician is not available, I hereby give consent for treatment by any licensed physician or dentist.

I hereby give consent to allow my child to be transferred by Emergency Medical Services _____ or _____
to _____ or any hospital reasonably accessible.
Yes No

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Signature of parent/guardian Address

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

Part II Refusal to Consent

I do not consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Signature of parent/guardian Address

DRIVING PORTION

PROCEDURE TO FOLLOW FOR THE BEHIND – THE – WHEEL PORTION OF DRIVER TRAINING

1. Students **will not** be scheduled to drive until a temporary permit is obtained. All classroom hours and assignments **must** be completed before driving will be scheduled. Also all fees **must** be paid.
2. Students who are eligible to take the driving test if they had driver training completed will be scheduled first to begin driving. In other, words, they are 16 years of age, and had their permit for 6 months. Don't forget that at the time of testing the 50 hour affidavit must be presented to the examiner (signed and notarized).
3. If the temporary permit is obtained (permit test passed), after class started call the following telephone number (419) 682-4741 to report that the student has a permit. A recorder is on if no one is in the office. Leave your name, telephone number, and the message that a permit has been obtained. The call will be returned. **Do not hang-up without leaving a message.**
4. Please do not ask for the number that appears on the students "Certificate of Completion". We are not allowed under commercial driving school rules to give that information to you before the student has completed driver training. They will receive the certificate at the last driving session if they pass all the classroom and behind-the-wheel requirements.

Paula Sanford

WRITE DIRECTIONS TO YOUR HOME IN THIS AREA

NAME _____ BIRTH DATE _____ PHONE # _____

Northwestern Ohio Driver Training School, Inc.

410 N. Shoop Avenue

101 S. Defiance Street (Main Office)

201 E. High Street

102 Empire Street

Wauseon, Ohio 43567

Stryker, Ohio 43557

Bryan, Ohio 43506

Montpelier, Ohio 43543

License #135

License #133

License #134

License #2456

BEHIND-THE-WHEEL TRAINING AGREEMENT FOR ONLINE STUDENTS

(The student may begin the behind-the-wheel training when 24hrs of classroom is completed)

APPLICANT'S NAME _____ DATE _____

ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP _____

PHONE _____ DATE OF BIRTH _____ AGE _____

MALE _____ FEMALE _____ PERMIT # _____ DATE ISSUED _____

ONLINE ENROLLMENT CERTIFICATE# _____ DATE _____

ONLINE COMPLETION CERTIFICATE# _____ DATE _____

CERTIFICATE OF COMPLETION # _____

Northwestern Ohio Driver Training School, Inc., hereinafter referred to as "The Driving School" agrees to provide applicant, hereinafter referred to as "Student" 8 hours of behind-the-wheel training based on the Ohio Driver Training Curriculum. The Student will complete the 24 hour equivalent of required classroom with an Ohio approved online provider.

Ohio regulations require all training be made available by _____. Should a Student be unable to attend available training sessions offered, the school is relieved of the aforementioned obligation. The Driving School shall furnish a licensed instructor and motor vehicle for instruction. The tuition for said instruction is \$320.00. Any additional in-car training may be obtained at the hourly rate of \$50.00 per hour. If applicable, the Student may for an additional fee of \$75.00 use the Driving School's vehicle to take a driving exam.

The Student is required to obtain a valid temporary permit and pay tuition in full prior to scheduling the practical driving portion of the training. If the Student must cancel a scheduled driving appointment, cancellation must be made a minimum of 6 hours prior to the scheduled appointment. Failure to do so may result in an additional fee of \$20.00. The same fee shall apply should the Student fail to appear for, or for any reason not prepared to take, the scheduled lesson. Should a check received as payment of tuition in whole or in part, be returned due to insufficient funds, the Student may be removed from the driving schedule until such a check is made good. An additional fee may be charged for any returned check.

The Student is required to complete all available training within six months of the date the contract was signed. No Student is permitted to complete more than four hours of online and behind-the-wheel training in a twenty-four hour period. The Driving School does not guarantee the issuance of a driver license to the Student.

The Driving School reserves the right to cancel this agreement at any time, should the Student's conduct indicate a lack of responsibility deemed necessary by The Driving School to safely operate a motor vehicle. Destruction of property, or the possession, distribution, or use of any tobacco product, alcohol, or drug of abuse is strictly prohibited. Should this agreement be cancelled under such circumstances, all fees may be pro-rated upon hours of service provided prior to cancellation.

Refund Policy: Fees are non-refundable.

The Driving School shall furnish a certificate of completion to all students under the age of eighteen years, who successfully complete the course. Completion, as defined by the State of Ohio, refers to the completion of the required number of hours online and student's good-faith effort having been exercised during the practical driving portion. Commercial Driving Schools are licensed by the Department of Public Safety through the Driver Training Program Office, 1970 West Broad Street, Columbus, Ohio 43223. Valuable information for parents and teenagers is available on the internet at www.drivertraining.ohio.gov under Parents and Teens. I have read and understand and have received a copy of this agreement.

SCHOOL OFFICIAL _____ DATE _____

STUDENT _____ DATE _____

PARENT _____ DATE _____

Method of Payment: Check # _____ Cash _____ Amount _____

VISA _____ MASTERCARD _____ BALANCE OWED _____

PLEASE RETURN TO STRYKER OFFICE OR MAIL TO:

Northwestern Ohio Driver Training School

PO BOX 26

Stryker, OH 43557