

Emergency Permission Form

Aim High Driving School LLC,

515 S. Main St., Rocky Mount, VA 24151 / 302 S. Locust St. Suite #1, Floyd, VA 24091

/ 1315 2nd St. S.W., Suite B1, Roanoke, VA 24016

(540) 904-7381

Student's name: _____
 First Middle Last

Student's address: _____
 Street City/State ZIP

High School: _____

Please list any significant health problems:

Please list any allergies:

Please list all medications currently being taken (prescription and non-prescription):

Does student wear glasses or contact lenses? _____

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to selected instructor of Aim high Driving School LLC and to hospitals to secure proper treatment for and to order injection and/or surgery for the person named above.

Signature of parent/guardian: _____

Printed name of parent/guardian: _____

Relationship to student: _____

Daytime phone number: _____ Nighttime phone number: _____

Cell number: _____ Other number: _____

Student Signature: _____ Date: _____

DMV is committed to promoting transportation safety through the certification of quality training programs. If you have comments or concerns about this course, call toll free: 1-800-885-5790 or email dmvclu@dmv.virginia.gov