



BAKER COUNTY SCHOOLS
Application for Driver Education/Traffic Safety
Non-Credit Course – Beginning April 30, 2019
~ All Fees Are Non-Refundable ~

1. STUDENT'S LEGAL NAME: (Last, First, Middle) Please print clearly. Mr., Mrs., Ms. _____	
3. MAILING ADDRESS: _____ _____ (City, State, Zip)	5. SOCIAL SECURITY NO.: _____ - _____ - _____ <small>**See Statement below</small>
6. TELEPHONE NUMBERS: Home: _____ Work: _____	7. DATE OF BIRTH: _____ / _____ / _____ (Month) (Day) (Year) <small>**Your Social Security Number is collected for student record management. 119.071 (5)(a)(2)(a)(ii)(6)(a)(b), F.S.</small>
10. EMERGENCY CONTACT INFORMATION: If I cannot be reached in the event of an accident or serious illness, you have my permission to contact the following: First Contact: _____ Relationship: _____ Phone: _____ Second Contact: _____ Relationship: _____ Phone: _____ Does your child have Medical Problems of which the Baker County Schools needs to be aware: _____ Family Physician: _____ Phone: _____	
11. I have completed a <u>Parent Permission/Medical Authorization Form</u> for my child and I have read, completed, and had notarized the Medical Authorization Form (ON REVERSE SIDE). <u>I understand that ALL FEES are NON-REFUNDABLE.</u> Signature of Parent/Guardian: _____ Date: _____	
12. For Participants 18 Years of Age and Older: My signature indemnifies the Baker County School Board and its employees from any damage, injury, or accident that may arise out of participation in this Driver Education/Traffic Safety course. I assume all risks and hazards incidental to such participation. Signature of Participant: _____ Date: _____	

PLEASE COMPLETE REVERSE SIDE

**PARENT PERMISSION / MEDICAL AUTHORIZATION
FOR PARTICIPANTS UNDER 18 YEARS OF AGE**

_____ (Student's Name) has my permission to participate in 2019 Driver Education/Traffic Safety course as authorized by the District School Board of Baker County. My signature indemnifies the Baker County School Board and its employees from any damage, injury or accident that may arise out of participation in this Driver Education/Traffic Safety course. I assume all risks and hazards incidental to such participation.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize the School Board of Baker County, Florida, its agent, servant, or employee to administer first aid and to obtain and consent to on behalf of the Participant and Participant's parents or guardians, any emergency first aid or medical care by any physician, hospital, or attendant which is deemed necessary by said physician, hospital, or attendant as a result in involvement in the activity. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care. I understand that it is my responsibility to secure adequate insurance for such first aid and medical care.

The name of our health insurance company is _____

Policy # _____ Medicaid # _____

I further authorize any physician, hospital, or medical attendant to receive full and complete medical reports or information deemed necessary by them with respect to the treatment of my child. Execution of this document shall operate as an authorization for such person(s) to receive any medical information which they require. The medical authorization contained within this form shall be valid and usable by the District School Board of Baker County during such times as my child is enrolled in the Driver Education/Traffic Safety course. This authorization shall remain valid unless revoked by me in writing.

Signature of Guardian _____
Date

STATE OF FLORIDA
COUNTY OF BAKER

The forgoing instrument was acknowledged before me this _____ day of _____, 2019, by _____ who is personally known to me or who has produced _____ as identification.

Notary Public
My Commission Expires