



# Safe Driving Agreement

I, \_\_\_\_\_, understand that because of my health condition or dementia, there may come a time when it is no longer safe for me to drive.

The purpose of this agreement is to share my wishes about what I want to happen if that time comes.

I understand that I may not always recognize when my driving is no longer safe. Because of this, I have chosen the following person(s) to help make that decision and tell me when it is time to stop driving:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I trust this person (or these people) to act in my best interest and for the safety of others.

I understand that I may forget that I should no longer drive or may disagree with that decision. If that happens, I support reasonable actions to prevent me from driving, including limiting access to my vehicle, removing keys, disabling the vehicle, or making other arrangements for transportation.

I make this agreement voluntarily and understand that it is intended to help keep me and others safe.

Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, agree to have honest conversations with \_\_\_\_\_ about driving safety.

If I believe it is no longer safe for this person to drive, I will communicate my concerns and help carry out the wishes stated in this agreement. I will work to support their safety, independence, and access to transportation whenever possible.

Signature of Appointed Person: \_\_\_\_\_

Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_