

Driving Contract

I, _____
(*name of person with Alzheimer's disease or dementia*) understand that due to the nature of Alzheimer's disease or dementia, there will come a day when it is no longer safe for me to drive. The purpose of this document is for me to share my directions for what I would like to happen when I cannot drive anymore.

I am aware that due to Alzheimer's or dementia, I may not be able to recognize when I am no longer driving safely. In that case, I have asked the following person (people) to tell me that it is no longer safe for me to drive.

I understand that I may forget that I cannot drive anymore and may try to continue driving. If this happens, please know that I support all actions taken, including removing or disabling my car, to help ensure my safety and the safety of others.

Signature of person with Alzheimer's or dementia

Date

I commit to telling _____ (*name of person with Alzheimer's disease or dementia*) when it is no longer safe for him/her to drive. I commit to taking whatever actions are necessary from that time on, to help ensure his/her safety and the safety of others, as he/she has requested.

Signature of person appointed above

Date

Signature of person with Alzheimer's or dementia

Date