

Student Transportation Card

Confidential Information



Student's Name _____

Date of Birth _____ Age _____ Home Phone _____

Address _____

Name of parent(s) _____

Father's Work Ph _____ Mother's Work Ph _____ Emergency Ph _____

Please check appropriate type of transportation required for your child:

- Walks to bus unassisted Walks to bus, but needs assistance
 Needs to be carried Requires a car seat
 Wheelchair Requires special restraint
 Needs to be met at school On return/home, needs to be met at Bus Stop
 Other (Specify) _____

Directions to your home _____

Describe your home _____

Names and Addresses of persons nearby student's residence who have consented to care for the student if the parents are not available:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Please check if any of the following applies to your child: Asthma Heart Disease Diabetes

Chronic Respiratory Problems Blind Deaf Non-Verbal

Bee Sting Hemophiliac Allergies -- to what? _____

Seizures: How long does seizure last? _____ How often do they occur? _____

Is your child on medication? Yes No If yes, what medication, what dosage, & when given? _____

Child's approximate weight _____

Family Doctor _____ Address _____

Doctor's Phone _____ Family designated hospital _____

Parents: PLEASE NOTIFY DRIVER IF YOUR CHILD IS SICK AND DOES NOT NEED TRANSPORTATION FOR THE DAY.

Parental Contact: If possible and practical, in the event of major emergency, parental contact will be made.

Parental Approval: If, in the opinion of the driver, a major emergency exists, the parent(s) have agreed to in writing and will assume the cost of:

1.	Contacting the family doctor	___ Yes ___ No
2.	Contacting any doctor available.	___ Yes ___ No
3.	Contacting rescue squad	___ Yes ___ No
4.	Transporting to designated hospital.....	___ Yes ___ No

Special medical care directions, behavioral considerations, or other helpful information for driver to be aware of:

*As parent or guardian, I agree to one or more of the above procedures as indicated and agree that this information may be shared with my child's transporter. **CONFIDENTIALITY WILL BE MAINTAINED.***

Date _____ Parent or Guardian's Signature _____

***** For School Use Only *****

Home School Corporation _____

Placement School _____

Special Ed Teacher _____

Other Contact Persons _____

Copies to Bus Personnel