



Transportation Emergency Medical Form

For Child(ren) Riding This Bus ONLY

BUS _____

Dear Parents/Guardians,

By law, bus drivers are required to carry on the school bus, a list of riders assigned to their bus. This form is **NOT** a medical release. Personal medical history is kept in the school office. We are asking that you fill out any medical information and phone numbers you feel the driver should be aware of in case of illness, accident or injury — one section per child. Return this form to the driver by the end of the first week of school.

Name:		Grade:
Date of Birth:		School:
Allergies (type/reaction/treatment):		
Medical Condition (treatment):		
Physical Impairment:		

Name:		Grade:
Date of Birth:		School:
Allergies (type/reaction/treatment):		
Medical Condition (treatment):		
Physical Impairment:		

Name:		Grade:
Date of Birth:		School:
Allergies (type/reaction/treatment):		
Medical Condition (treatment):		
Physical Impairment:		

Name:		Grade:
Date of Birth:		School:
Allergies (type/reaction/treatment):		
Medical Condition (treatment):		
Physical Impairment:		

Address: _____ City: _____ Zip: _____ Phone: _____

Emergency1: _____ Relationship: _____ Phone: _____

Emergency2: _____ Relationship: _____ Phone: _____

Emergency3: _____ Relationship: _____ Phone: _____

I have read the School Bus Conduct Rules and Designated Place of Safety information and discussed them with my child(ren).

Parent / Guardian Signature: _____ Date: _____