

INFORMATION SHEET FOR TRANSPORTATION OF SPECIAL STUDENTS

Name of Student _____

Address for Pickup _____

Address where student is to be taken AFTER school SAME or _____

If no one is home, who ON THE BLOCK should the student be left with?

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Emergency phone numbers where parent or guardian may be reached:

Name _____ Phone _____

Name _____ Phone _____

If there is an emergency, your child will be taken to the nearest or most appropriate hospital. If there is a choice of hospitals, where would you like your child taken? _____

Name and phone number of student's doctor:

Name _____ Phone _____

STUDENT INFORMATION

Check all that apply:

- _____ The student can give name and address so he/she can be understood
- _____ The student is blind or has very limited sight
- _____ The student is deaf or has a severe hearing impairment
- _____ The student may have a seizure on the bus
- _____ The student's health care plan has been developed by the school

What should we be aware of in transporting your child? _____

What are your suggestions for handling the student or caring for physical or medical problems on the way to or home from school? _____

Additional information the bus driver should have: _____

SIGNATURE OF PARENT OR GUARDIAN COMPLETING FORM

DATE