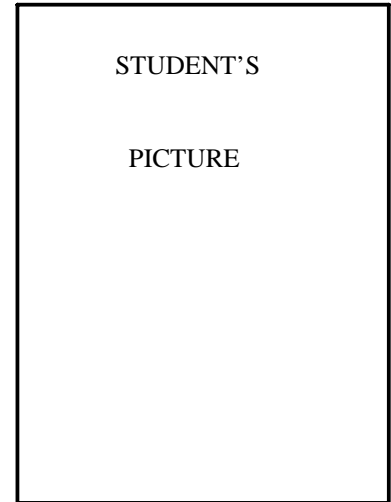


TRANSPORTATION HEALTH INFORMATION SHEET

NAME: _____ BOY ___ GIRL ___ SCHOOL: _____
(Last) (First)
BIRTH DATE: ___/___/___ Home Phone: _____ Pager/Cellular Phone: _____
mo day yr

ADDRESS: _____
CITY: _____ ZIP CODE _____

FATHER/GUARDIAN: _____ WORK PHONE: _____
MOTHER/GUARDIAN: _____ WORK PHONE: _____
Persons) to be called in emergencies when a parent cannot be reached:
Name: _____ Phone: _____
Name: _____ Phone: _____
Physician: _____ Phone: _____



MAY YOUR CHILD BE DROPPED OFF WITHOUT ADULT SUPERVISION ___yes ___no
If a parent is not home, who may take the child off the bus? 1. _____
2. _____ 3. _____

Wheelchair ___yes ___no / **Harness** ___yes ___no / **Bellyband** ___yes ___no
Vest ___yes ___no / **Car seat** ___yes ___no / **Other:** _____
Equipment to be transported: _____

IMPORTANT MEDICAL INFORMATION:

- | | | |
|-------------------------------|----------------------------|---------------------------|
| ___ BREATHING PROBLEMS | ___ CEREBRAL PALSY | ___ TRACHEOSTOMY |
| ___ SCOLOISIS / "ROD" SURGERY | ___ GASTROSTOMY TUBE | ___ SHUNT(S) |
| ___ SCOLOISIS / BRACE | ___ ASTHMA | ___ CHALLENGING BEHAVIOR |
| ___ DIABETES | ___ VERBAL | ___ NON VERBAL |
| ___ BLIND/VISUALLY IMPAIRED | ___ HEART CONDITION | ___ NON VERBAL <u>BUT</u> |
| ___ "FRAGILE BONES" | ___ DEAF/ HEARING IMPAIRED | UNDERSTANDS WHAT IS SAID |

SYNDROME: _____
SEIZURES: ___Yes ___No How frequent are the seizures: _____ When was the last seizure: ___/___/___
If yes, please describe seizure: _____

ALLERGIES: (Please list) _____
ALLERGIES TO MEDICATION: (Please list) _____
MEDICATION(S): ___YES ___NO
1. _____ 3. _____
2. _____ 4. _____

SPECIAL HEALTH / SAFETY PRECAUTIONS: (lifting, helping child to walk, etc.)
TRAVEL ENDURANCE: _____ HEAT ENDURANCE: _____
1. _____
2. _____
3. _____

PERMISSION FOR EMERGENCY CARE:
In the event of an accident or other emergency, when a parent is not available, I hereby authorize a representative of the school district to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation.

(Signature of Parent / Guardian) (Date)