

Special Transportation / Confidential Emergency Information form

The following information must be provided by the parent/guardian for students requiring special transportation. PLEASE Type or Print.

Student Name:			Date of Birth:	
School:		Program:	School Year:	
Home Address:			Phone:	
Parent/Guardian Name	:			
Mother's Work Phone:		Father's Work	k Phone:	
A.M. Pick-Up Location	n:			
P.M. Drop-Off Location	on:			
Emergency Contact-following at his/her ass	•	rent/guardian is not avai	ilable, my child may be released to the	
Name: Phone:			Phone:	
Name:	ame: Phone:			
Health Information				
Hospital Preference:		Address:		
Allergies:				
Current Medication: Dosage:			Dosage:	
Special Instructions for	Attending Physici	ans:		
Check the Following th	nat are Applicable:			
☐ Verbal	☐ Non-Verbal	☐ Ambulatory	☐ Non-Ambulatory	
☐ Epileptic	•	☐ Mentally Handica	• •	
☐ Hearing Impaired				
Special Instructions (i.	e. language, behavi	or, etc.):		
Parent/Guardian Signature			Date	
Transportation Office	Use Only:			
_	•	□Harness □Lap B	Belt Other:	
Start Date:	Bus Numb	per: D	oriver:	
A.M. Pick-up:	.M. Pick-up: P.M. Drop off:			

Form No.: TRN-2324-002 – Special Transportation Confidential Emergency Information Form / Transportation

New Date: 6/1/23