



### TRANSPORTATION SERVICES STUDENT HEALTH INFORMATION

REGULAR DRIVER: \_\_\_\_\_ BUS ROUTE: \_\_\_\_\_

PARENTS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MUNICIPAL ADDRESS/LAND LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

RESIDENCE TELEPHONE: \_\_\_\_\_ FATHER (WORK/CELL): \_\_\_\_\_

MOTHER (WORK/CELL): \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

In the event of an emergency and the parents cannot be reached, please contact:

EMERGENCY CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

Child's Name: _____	School: _____	Grade: _____
Allergies: _____		
Respiratory Problems: _____	Blood Disorder: _____	
Heart Condition: _____	Diabetic: _____	
Epilepsy: _____	Other: _____	
Is your child on any medication? _____	If yes, what? _____	

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**Please complete the form and return to your bus driver.  
Thank you for your co-operation.**