

NEW

CHANGE

Confidential Emergency Transportation Information Form

Date: _____ Sch: _____ Program: _____

Student Name: _____ Grade: _____ D.O.B. _____ X-student will ride
 AM PM

Home Address: _____
(House #) (Street Name) (Apt)

City: _____ State: _____ Zip: _____ Home Phone: _____

Parent/Guard Name 1: _____ Parent/Guard Name 2: _____

E-mail: _____ E-mail: _____

Day Phone 1: _____ Day Phone 2: _____

(Fill out this section only if your student will be transported to/from a place other than home.)

Picked up at: Home Alternate Dropped off at: Home Alternate

Alternate Address Information:

Daycare/Alternate Address: _____

City: _____ State: _____ Zip: _____

Daycare/Alternate Contact: _____ Phone: _____

IEP & Specialized Transportation Information

Please check all boxes that apply, use the back of this form if necessary to accurately list information

Days: M T W H F _____ : _____ drop off at school _____ : _____ pick up at school

Location of P/U & D/O at building: _____

School Contact: _____ Staff Phone: _____

Pupil Transportation Information

- Ambulatory (walks)
- Can be transferred to seat
- Requires Car Seat
- Ramp lift needed
- Requires Para/Aide
- Requires Torso Support/Restraint
- Uses Wheelchair Manual Electric
- Walks with Crutches/Walker
- Wears Leg Braces

- Autistic/ASD
- Blind/Visually Impaired
- Diabetic
- Epilepsy/Seizure Disorder
- Hyperactive
- Multiple Disabilities
- Non-Verbal
- Oxygen/Respirator
- Severe Allergies
- Speech/Lang Impairment
- Unable to Read/Follow

Safety/Health Factors

- Asthma
- Deaf/Hearing Impaired
- Distractible
- Emotional Behavioral Disorder
- Impulsive
- Non-English Speaking
- Orthopedic Impairment
- Physically/Health Impaired
- Self-Destructive Behaviors
- Traumatic Brain Injury
- Emergency Plan Attached

Child may leave the bus:

- on their own. Driver may leave when the child enters the building.
- only when there is a parent or teacher visible from the door.
- only when a parent or teacher meets the child at the bus door.

Simple Directions Other/Not Listed (see reverse)

Doctor's Name: _____

Hospital/Clinic: _____ **PH:** _____

Prescription medications the child is taking: _____

Alternate Address/Person where child can be released if parent/guardian is not home: _____

Other Safety/Health Factors Not Listed:

Signs of Emergency

Steps to Take

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My signature below gives permission to share this information with transportation staff & authorizes care be provided to my child as directed in this plan or to call 911 for emergency care. I understand every effort will be made to contact me or the emergency contacts listed.

Signature Parent/Guardian: _____

Date: _____



**Please Return This Form to:
Transportation Department
Stillwater Area Public Schools
1875 S. Greeley St
Stillwater, MN 55082**

CC: Student Services IEP Manager Health Office Transportation