



NEW

CHANGE

**Confidential Emergency Transportation
MEDICAL Information Form, (used for all bus transport, including field trips)**

Date: _____ Location: _____ 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 Name1: _____ Parent/Guard Name 2: _____

Day Phone 1: _____ Day Phone 2: _____

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|---|
| Safety/Health Factors Transportation Should be Aware of: |
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| | |
|---------------------------|----------------------|
| Signs of Emergency | Steps to Take |
| | |

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:
Stillwater Area Public Schools
1875 S. Greeley St
Stillwater, MN 55082**

Transportation

Copies to be made at the school to each department:
 Student Services IEP Manager, as appropriate Health Office