



OLETANGY

LOCAL SCHOOLS

Transportation Emergency Medical Form



Bus _____

Dear Parents,

By law, bus drivers are required to carry on the school bus a list of riders assigned to their bus. This form is **NOT** a medical release. Personal medical history is kept in the school office. We are asking that you fill out any medical information and phone number's you feel the driver should be aware of in case of illness, accident or injury.

Student Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Home Phone: (____) _____

Father/Guardian: _____ Cell: (____) _____ Work: (____) _____

Mother/Guardian: _____ Cell: (____) _____ Work: (____) _____

Emergency Contact: _____ Cell: (____) _____ Work: (____) _____

Allergies: _____
(List what your child is allergic to) (Type of reaction) (Usual treatment)

Medical Condition: _____

Medical Treatment: _____ Physical Impairment: _____

Parent/Guardian Signature: _____



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