

Current  
picture if  
available.

## TRANSPORTATION COMMUNICATION FOR STUDENT WITH HEALTH CARE SAFETY NEEDS

Student Name: \_\_\_\_\_ School Year: \_\_\_\_\_

School: \_\_\_\_\_ Bus # \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Ph. #: \_\_\_\_\_

School Contact: \_\_\_\_\_ School #: \_\_\_\_\_  
(Secretary unless otherwise specified)

**Description of Medical Concern(s) that may affect bus ride (include known allergies):**

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### In An Emergency

<b>If you don't know what to do, and the child is in danger . . .</b>	<b>Pull over and call 911. Then follow-up with dispatch .</b>
<b>If You Observe:</b>	<b>Then you Should:</b>

Form completed by: \_\_\_\_\_ Phone #: \_\_\_\_\_

The information provided above is not a health care plan but reflects emergency guidance for students with an Individual Health Care Plan and/or individual safety needs on the bus. More detailed plans are available and training may be provided by the school nurses. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.

If available, please attach a current picture of the student to this form.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_