



Transportation Center

8801 Lyndale Avenue South, Bloomington, MN 55420

Phone: 952-681-6300 Fax: 952-681-6301

transportation@isd271.org

TRANSPORTATION FOR STUDENTS WITH MEDICAL/LIFE THREATENING CONDITIONS

Parent/Guardian: Please complete this form for reference during a medical emergency on your child's school bus. The information will be kept in the Transportation Office and will be available to the driver via radio.

Student's Name: _____

School: _____ Grade: _____

Bus #: _____ *Circle all that apply:* AM PM Midday

Bus # _____ *Circle all that apply:* AM PM Midday

Father or 1st Guardian: _____

Phone: _____ *Please Circle:* Home Work Cell

Phone: _____ *Please Circle:* Home Work Cell

Mother or 2nd Guardian: _____

Phone: _____ *Please Circle:* Home Work Cell

Phone: _____ *Please Circle:* Home Work Cell

Emergency Contact (*if parent/guardian is not available*) _____

Phone: _____ *Please Circle:* Home Work Cell

Phone: _____ *Please Circle:* Home Work Cell

Physician/Clinic: _____ Phone: _____

Preferred Hospital: _____

Describe medical condition that could result in an emergency:

Emergency health care information and special needs of student:

Parent/Guardian Signature _____ Date _____

Send one copy to Transportation (email or fax) • Copy for School office • Parent/Guardian retain a copy