

Transportation

MEDICAL & EMERGENCY INFORMATION



Please Print
Student's Name: _____ School: _____ Date: _____

Medical Information

Medical Concern: *(check as applicable)*

- _____ Diabetic
- _____ Allergies
- _____ Asthma
- _____ Seizures

Required Emergency Supplies:

- _____ Sugar Source _____
- _____ Epi- Pen _____
- _____ Inhaler _____
- _____ Other _____

Other Medical Concern: _____

Signs to look for: _____

Necessary Emergency Procedures: _____

_____ **CALL 911** If the following occurs: _____

_____ Call Parent if the following occurs: _____

Emergency Contacts

Parent/Guardian: Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone Numbers: Home: _____

Home: _____

Cell: _____

Cell: _____

Work: _____

Work: _____

Pager: _____

Pager: _____

