



School Bus Emergency Health Information Form

SPRING LAKE PARK SCHOOLS

This form is not required, but we ask you complete this form if there are health concerns you wish the bus driver to be aware of for each of your children transported.

Student Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

School: _____ Grade: _____

Mother's Name: _____

Daytime Phone: _____ Cell Phone: _____

Father's Name: _____

Daytime Phone: _____ Cell Phone: _____

Emergency Contact (other than parent):

Name: _____ Phone: _____

Name: _____ Phone: _____

Nature of Disability
(please be specific)

Use separate sheets of paper if necessary or attach Health Plan.

Emergency Health
Care Information
(please be specific)

Physician Name: _____ Phone: _____

Hospital Preference: _____ Phone: _____

Parent/Guardian Signature: _____ Contact Phone: _____

Please return this form to the Transportation Department

Mail: Spring Lake Park Schools – Transportation Department, 1415 81st Avenue NE, Spring Lake Park, MN 55432

Drop Off: District Services Center or your child's school **Email:** transportation@district16.org