PUBLIC SCHOOLS OF EDISON TOWNSHIP **HS Form #29A**
EDISON, NEW JERSEY 08837
HEALTH SERVICES

PHYSICIAN'S FORM FOR MEDICAL TRANSPORTATION

The following information is required from the student's physician, in order to be considered for Medical or Health-Related Transportation.

School: ___________________________
Request Date: ______________________

Please complete the following information.

1. Name of Student _____________________________________ D.O.B. _____________

2. Diagnosis (if applicable): ____

3. Rationale for Medical Transportation ____

4. Accommodation needed to be available during transport (equipment, medication, personnel, etc.):

   No _________ Yes ___________ (specify) ____

5. Medical Transportation will be necessary for the following time frame:

   Start date: ____________________ Ending date: ____________________

6. Additional comments or relevant information: ____

   ____

   Physician Name: ___________________________ Physician Signature: _______________________

   Address: ____ Phone: _________________

Medical transportation will be considered only after completion of this form and approval of the Assistant Superintendent – Pupil Special Services. This request may require the review and approval of Edison Public School Chief Medical Inspector.

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To be completed by School Nurse:

I have reviewed the above named student's health record regarding this request and I have notified the building Principal.
Accommodations to be made at school relevant to this request:
No ____________ Yes __________ (specify)

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Signature: ____ RN Date: _______________

Additional Comments: ____

To be completed by School Nurse:

1. Parent/Guardian Name: ____
   Resident Address: ____
   Phone: _________________________
   Parent/Guardian daytime phone, if different from above: _____________________________________

2. Pick up or drop off location, other than residents address N/A ___________ Yes _________ (specify)

   Pick up location:_____________________________________ Phone: __________________________

   Drop off location: ____________________________________ Phone: __________________________