

# CRESTWOOD LOCAL SCHOOLS

## ***TRANSPORTATION EMERGENCY INFORMATION***

2022-2023  
SCHOOL OF ATTENDANCE: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS *(if different)*: \_\_\_\_\_

PARENT/GUARDIAN EMAIL: \_\_\_\_\_

### **CONTACT INFORMATION**

FATHER'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

OTHER # \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

OTHER # \_\_\_\_\_

***Please list one other emergency contact:***

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

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**Please list any facts concerning the child's medical history and/or physical impairment(s) to which any physician should be notified:**

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**Please list any allergies:** \_\_\_\_\_

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\_\_\_\_\_  
**SIGNATURE (parent or legal guardian)**

\_\_\_\_\_  
**DATE**