Canfield Local Schools
Confidential
Transportation Student Information

We need important medical information on our student's with special needs. Please complete this form and mail it to the **Special Services Office, Canfield Local Schools, 70 Wadsworth Street, Canfield, Ohio 44406**. Thank you for your cooperation.

(Please Print Clearly)

Student's Name _____ Parent's Name _____
Last First Last First

Address _____ Phone: Home _____

City _____ Zip _____ Work _____

Student's Grade _____ Age _____ Weight _____ Cell _____

Disability: _____ Medications: _____

_____ _____

_____ _____

Allergies: _____ Seizures: _____

_____ _____

Special instructions or needs: (use back of page if necessary) _____

_____

_____

Written parental permission is on file in the Special Services Office for use of occupant safety restraint: yes ____ no ____

Parent's Signature: _____ Date: _____

Director of Special Services Signature: _____ Date: _____

Thank you for your cooperation.

12/2007