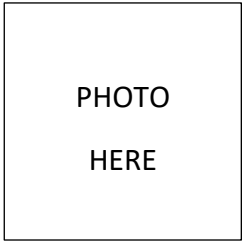




539 Brown Avenue
Columbus, GA 31906
(706) 748-3113/6983

SPECIAL NEEDS TRANSPORTATION
STUDENT INFORMATION FORM



Dear Parent,

Please complete this form in its entirety, front and back, and give to our bus staff prior to your child receiving bus transportation. This forms contains emergency contact and medical information that is mandatory to be present on the bus with your child. Please know, this information will be treated as highly confidential and extreme measures will be taken to protect your child’s privacy. Your child’s safety and welfare is of utmost importance to us. Thank you and we look forward to a great school year.

STUDENT’S NAME _____ DATE OF BIRTH _____

ASSIGNED SCHOOL _____ ASSIGNED PROGRAM _____

HOME ADDRESS _____ PHONE # _____

PARENT / GUARDIAN NAME _____

PARENT’S EMAIL _____

MOTHER’S WORK # _____ FATHER’S WORK # _____

A.M. PICK UP (If other than home address) _____

CONTACT PERSON _____ CONTACT PHONE # _____

P.M. DROP OFF (If other than home address) _____

CONTACT PERSON _____ CONTACT PHONE # _____

EMERGENCY CONTACTS

(1) NAME _____ PHONE # _____

(2) NAME _____ PHONE # _____

PERSONS OTHER THAN PARENT/GUARDIAN ALLOWED TO RECEIVE STUDENT FROM BUS AT DROP OFF, IF PARENT/GUARDIAN IS UNAVAILABLE

***** BUS STAFF WILL ASK FOR I.D. FROM INDIVIDUALS TO CONFIRM IDENTITY BEFORE RELEASING STUDENT TO THEM.**

(1) _____ (2) _____

(3) _____ (4) _____

EMERGENCY MEDICAL INFORMATION

Student's Name _____ Date _____

Hospital Preference _____

Any Existing Medical Conditions _____

Allergies _____

Current Medication(s) Dosage(s) _____

Special Instructions for Attending Physician _____

CHECK ALL THAT ARE APPLICABLE

Verbal Non Verbal Walk-On Wheelchair Epileptic

Diabetic Hemophiliac Visually Impaired Medically Fragile

Other _____

SPECIAL BUS EQUIPMENT

Safety Vest Car Seat Lap Belt Other _____

SPECIAL INSTRUCTIONS FOR MANAGING STUDENT _____

EMERGENCY EVACUATION DRILLS (Conducted twice a year in school bus loop)

I give my child my permission to participate in bus evacuation drills Yes ____ No ____

Signature Parent/Guardian _____ Date _____