

SENECA VALLEY SCHOOL DISTRICT

Transportation Form - Confidential Emergency Information for Students with a Chronic Health Condition and/or Potential Life Threatening Allergy

Student Name _____ Grade _____ Birthdate _____

Primary Address _____ Secondary Address _____

Parent/guardian #1: Name _____ Phone _____

Parent/guardian #2: Name _____ Phone _____

Best contact for emergencies, during transportation to and from school, only if different than parent:

Name _____ Relationship _____ Phone _____

Name and Address of person(s) residing near student who has parental permission to care for the student if the parent(s) are not available:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Please list your student's medical condition (i.e. Life Threatening Allergy, Asthma, Diabetes, Seizure Disorder-include type of seizures, Bleeding Disorder, or other significant condition)

Medical Condition: _____

Medications given at home: _____

Emergency medications student carries: _____

PARENTAL CONSENT

I, _____, Parent/Guardian of, _____ do voluntarily hereby give consent to and authorize the Seneca Valley School District to secure medical aid or transportation to a medical facility in the event of accident, injury, or serious illness to him/her. I will assume liability for all expenses incurred.

Parent/Guardian Signature: _____

Date of Completion: _____

To be completed by Transportation Department

Bus Contractor: _____ Bus # _____

Telephone # _____