ATTN BUS: _____
Office Use Only

Transportation Office
Phone: 330.357.8207 x6051

CRESTWOOD LOCAL SCHOOLS

TRANSPORTATION EMERGENCY INFORMATION

SCHOOL YEAR: _____

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 # _____

****

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

_____

_____

_____

Please list any allergies: _____

_____

_____

ATTN BUS: _____
Office Use Only
SIGNATURE (parent or legal guardian)

Transportation Office
Phone: 330.357.8207 x6051
DATE