Medical Transportation Request

RETURN COMPLETED FORM TO
Waterloo Schools Education Service Center
1516 Washington St, Waterloo, IA 50702 ◆ 319.433.1801 ◆Fax 319-433-1887

*Student Name:*_____*(please print)*

Parents/Guardians requesting transportation due to a medical condition must take this form to their physician to be filled out and return the completed form to the Waterloo Schools Education Service Center located at 1516 Washington St.

Approvals will be based on verification of completed form.

Primary reason for transportation request: _____

_____

_____

_____

Is this request temporary? ☐ Yes ☐ No

If yes, when is the expected end date that medical transportation may be needed?_____/_____/_____

If no, this form will expire on the last day of the current school year.

RECOMMENDATION

For reason(s) stated above, and considering this student's projected absence from school, I am (by my signature below) in support transportation being provided as follows.

☐ Door to Door Transportation ☐ "Closest Stop" Transportation (usually 1-2 blocks from residence)

Doctor's Signature:_____ Date:_____

Typed/printed name:_____ Telephone: _____

Address/City/State/Zip: _____

Transportation Department Use ONLY

Request Denied (Reason)_____ Staff Initials _____

Request Approved ☐ A.M. Route #_____ A.M. Stop_____ A.M. Time _____

Request Approved ☐ P.M. Route #_____ P.M. Stop_____ P.M. Time _____

Student Services Department Review ☐ Request Approved ☐ Request Denied (Reason)_____

☐ Special Education Student
☐ Regular Education Student

Primary Address _____

School _____

Date Parent Notified _____