

Johnson Bus Company

Medical Alert Form 2026-2027 School Year (Menomonee Falls School District)

Place picture
of student
here!

Students Name _____ Date of Birth _____

Medical Condition _____

Address _____ City _____

Parent/Guardian Name _____

Primary Name & Phone Number In Case of Emergency _____

Secondary Name & Phone Number In Case of Emergency _____

Any questions call Sue Rady at Johnson Bus Company at 262-251-4230.

******PLEASE MAIL COMPLETED FORM TO JOHNSON BUS COMPANY******

JOHNSON BUS COMPANY

Attention: SUE RADY

N87 W17391 Main St.

Menomonee Falls, WI 53051