Northville Public Schools

COOKE SCHOOL

Bus Questionnaire

Student:_____Date:_____

Emergency Contact:_____House phone_____

Cell phone_____

1. List any Student Health Concerns:

   Allergies_____

   Epi Pen Yes or No

   Asthma: _____

   Diabetes:_____

   Seizures:_____

   Diastat Yes or No

Other:_____

_____

2. List any medications taken by the student:

   _____

   _____

   _____

   _____

3. Does the student currently receive treatment from a physician, psychologist, psychiatrist and/or nursing staff?

_____

_____

_____

4. Describe the students' communication abilities:

_____

_____

_____

5. Is the student under any physician ordered restrictions?

_____

_____

_____

6. Are there any issues regarding this student with which you are particularly concerned?

_____

_____

_____

Briefly describe specific concerns related to the needs of this student:

_____

_____

_____

_____

_____