



ph: 574586.3129 fax: 574586.2660 101 John Glenn Drive Walkerton, IN 46574

Student Transportation Card

Confidential Information to be completed by Parent or Guardian

Student Name: _____ Date of Birth: _____
 Address: _____
 Description of Home: _____
example: Blue house with white shutters

Parent #1 Name: _____ Parent #1 Phone: _____
 Parent #2 Name: _____ Parent #2 Phone: _____
 Emergency Contact: _____ Emerg. Contact #: _____

Please Check the appropriate type of transportation assistance required for your child:

Walks to bus unassisted	_____	Walks with assistance	_____
Needs to be carried	_____	Requires car seat	_____
Wheelchair	_____	Requires Special Restraint	_____
Needs to be met at school	_____	Needs to be met at bus stop	_____

Please check if any of the following applies to your child:

Asthma	_____	Heart Disease	_____
Diabetes	_____	Hearing Impaired	_____
Blindness	_____	Respiratory Issues	_____
Allergies	_____ To What?	_____	
Seizures	_____ How frequent/how long:	_____	

Please list any medications/dosages your child is taking: _____

Child's Weight:	_____	Designated Hospital:	_____
Family Physician:	_____	Physician's Phone #:	_____

PARENTS: PLEASE NOTIFY DRIVER IF YOUR CHILD IS SICK AND/OR DOES NOT NEED TRANSPORTATION FOR THE DAY!

Parental Contact: If possible and practical, in the event of major emergency, parental contact will be made.

Parental Approval: If, in the opinion of the driver, a major emergency exists, the parent(s) have agreed in

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|------------------------------------|-----------|----------|
| 1. Contacting the family doctor | _____ yes | _____ no |
| 2. Contacting any doctor available | _____ yes | _____ no |
| 3. Contacting 911 | _____ yes | _____ no |
| 4. Transporting to hospital | _____ yes | _____ no |

Special medical care directions, behavioral considerations, or other helpful information for the driver to be

As parent or guardian, I agree to one or more of the above procedures as indicated and agree that this information may be shared with my child's transportation team. CONFIDENTIALITY WILL BE MAINTAINED.

Signature: _____

Date: _____

Please return this form to the John Glenn Administration office, or your bus driver. Thank you!