



Transportation

MEDICAL & EMERGENCY INFORMATION



6600 18 Mile Rd.
Sterling Hts., MI 48314
Phone (586) 797-7100
Fax (586) 797-7101

Please Print

Student's Name: School: Date:

Medical Information

Medical Concern: (check as applicable)

Required Emergency Supplies: Located in Backpack?

- Diabetic, Allergies, Asthma, Seizures, Sugar Source, EpiPen, Inhaler, Other

Other Medical Concerns:

Signs to look for:

Necessary Emergency Procedures:

CALL 911 If the following occurs:

Call Parent if the following occurs:

Emergency Contacts

Parent/Guardian: Name, Relationship, Phone Numbers (Home, Cell, Work, Pager)

In case of emergency, if parent is not available, student can be left with: (Must reside within Utica Community Schools Boundary)

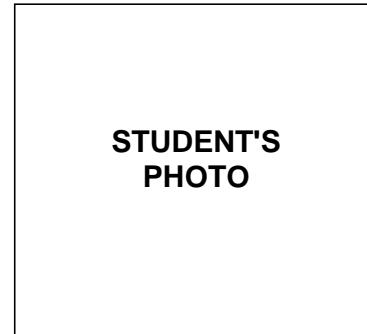
Name:

Address:

Phone: Relationship:

Yes No Student may be left at home unattended

I understand that this information will be kept on my child's bus I will update this information as my child's needs change.



Parent's Signature

Date

HEIGHT

WEIGHT

Transportation Office Use Only

Date of Input in Edulog Initials Copied to Medical File cc: Bus# Driver: Bus# Driver:

To Bus Driver, this form must be kept in your route book.