



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. Yes/No columns.

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) for two contacts.

In case of emergency, if parent is not available, student can be left with:

(Must reside within Utica Community Schools Boundary)

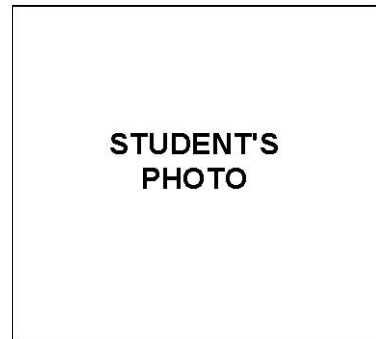
Name: _____

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.