



Transportation

Health Information Card

19120 Cass Avenue
 Clinton Twp. MI 48038
 (586) 723-2000
 (586) 723-2001 Fax

Student's Name: _____

School: _____

Date: _____

Medical Information

Medical Concern: (check all that apply)

<u>Describe</u>	Emergency Supplies	<u>Describe</u>	Are supplies located in backpack?	
<input type="checkbox"/> Diabetic	<input type="checkbox"/> Sugar Source		<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Allergies	<input type="checkbox"/> EpiPen		<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Asthma	<input type="checkbox"/> Inhaler		<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other		<input type="radio"/> Yes	<input type="radio"/> No
<input type="checkbox"/> Heart Condition				
<input type="checkbox"/> Bleeding Disorder				

Other Medical Concerns: _____

Emergency Contacts

	Parent / Guardian #1	Parent / Guardian #2
Name		
Relationship		
Home Phone		
Cell Phone		
Work Phone		

As parent/guardian, I understand that this information will be held on my child's bus. I am responsible for updating this form for any changes.

Parent's Signature _____ Date _____

*** **Transportation Office Use Only** *** _____ Date Input in Edulog _____ Initials _____ Copy to Medical File
 Cc: Bus # _____ Driver: _____ Bus # _____ Driver: _____

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