



**Transportation
Medical and Emergency Information**

Central Office
401 Church Street
Almont, MI 48003
Transportation Department:
810-798-8773



Please Print

Student's Name _____ Building _____ Date _____

Medical Information

Medical Concern (check if applies)	Required Emergency Supplies	Supplies in Backpack???	
		Yes	No
Diabetic	Sugar Source	Yes	No
Allergies	EpiPen	Yes	No
Asthma	Inhaler	Yes	No
Seizures	Other -	Yes	No

Other Medical Concerns? _____

Signs to look for _____

Necessary Emergency Procedures: _____

_____ Call 911 if the following occurs: _____

_____ Call Parent if the following occurs: _____

Emergency Contacts

Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Work Phone		Work Phone	

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

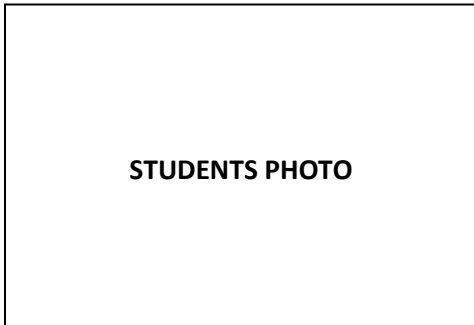
(Must reside within the Almont Community Schools boundary)

Name: _____

Address: _____

Phone: _____ Relationship: _____

Yes No Student may be left unattended



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

Parents Signature _____

Date _____

*****TRANSPORTATION OFFICE USE ONLY*****

_____ Date received in Trans Department _____ Initials _____ Date filed in Medical Log Book

Yes or No - this form replaces previous form

cc: Bus # _____ Driver _____ Bus # _____ Driver _____

To Bus Driver – this file must be kept in your route book