

STUDENT INFORMATION SHEET



Bus# _____

Bus Driver: _____

Please Print

Name _____
(Last) (First) (Preferred Name)

Address: _____

Parent Name: _____

Home Phone: _____

Work Phone: _____

School: _____

Grade: _____ Teacher: _____

Emergency Phone _____

Medical Diagnosis: Asthma Cardiac Diabetes Seizure Severe Allergy
 Sickle cell Hemophilia Other: _____
 N/A

Medication: Diastat Epi-pen Glucagon Oxygen N/A
Action to take: _____

Other: _____

Special Adapted Equipment: Car Belt Walker Car Seat Wheel Chair Stroller Wheelchair tray N/A

Braces/Splints: Arms Hip Leg

Ostomy: Colostomy Feeding tube (gastrostomy) Tracheostomy
Action to take: _____

Method of communication: None Verbal Pictures Signs Electronic communication board Hearing Impaired Wears hearing aid Left Right Self help problem (toileting, etc.) Visually Impaired Assistance needed: _____

Please provide any other needed information

Other: _____

N/A

Comments: _____

PLEASE RETURN TO BUS DRIVER PROMPTLY THANK YOU!