

SCHOOL \_\_\_\_\_ BUS# \_\_\_\_\_

**TRANSPORTATION MEDICAL ALERT**

**STUDENT NAME:** \_\_\_\_\_

**PARENT/GUARDIAN:** \_\_\_\_\_

**EMERGENCY PHONE NUMBERS:** (     ) \_\_\_\_\_ **NAME:** \_\_\_\_\_

(     ) \_\_\_\_\_ **NAME:** \_\_\_\_\_

**MEDICAL CONDITIONS THAT BUS DRIVERS SHOULD BE AWARE OF:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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