

St. Lucie Public Schools
Confidential Emergency Information and ESE Bus Form

Bus # _____

The following information must be provided for student requiring special transportation. PLEASE PRINT:

Name of Student: _____ Sex: _____ Date of Birth: _____

Teacher's Name: _____ School: _____

Home Address: _____

Parent/Guardian Name: _____

Mother's Work Phone: _____ Father's Work Phone: _____

A.M. Pick-up Location: _____ Phone: _____

P.M. Drop-off Location: _____ Phone: _____

Emergency Contact:

Name: _____ Phone: _____

This is for medical emergencies only, we cannot alter pick-up or drop off locations on short notice.

Emergency Medical Information:

Student's Doctor: _____ Phone: _____

Check Which of the Following are Applicable:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Non-verbal (21) | <input type="checkbox"/> Non-ambulatory (22) | <input type="checkbox"/> Shunt (24) | <input type="checkbox"/> Seizures (11) |
| <input type="checkbox"/> Hemophiliac (Q) | <input type="checkbox"/> Mental Disability (23) | <input type="checkbox"/> Hyperactive (G) | <input type="checkbox"/> Hearing Impaired (O) |
| <input type="checkbox"/> Diabetic (J) | <input type="checkbox"/> Visually Impaired (08) | <input type="checkbox"/> Other (09) | <input type="checkbox"/> Suction (25) |

Special Instructions for Dealing with Student:

(i.e. language, behavior, allergies, etc.) _____



Special Bus Equipment or Personnel as indicated on the IEP:

- Wheelchair (W) E-Z on Vest (V) Car Seat (C) Curb to Curb Stop (H) Aide Needed (A)

Signature:

Parent/Guardian: _____ Date: _____