The School Board of St. Lucie County, Florida Exceptional Student Education (772)-429-4570

Consent for Transportation for Audiological Services

Parent/Adult Student Name:	Student Name:	
Address:	D.O.B.:	School:
City, State, Zip:	Home Phone:	Work Phone:
ID#:	Medicaid#:	

Dear Parents of ____:

Your child is in need of an audiological evaluation as determined through the reevaluation process. The school district will provide transportation to your child's audiological appointment during the school day. An appointment has been scheduled at the following location as indicated:

South Coast Ear Nose and Throat
2100 Nebraska Avenue, Suite 203
Ft. Pierce, FL 34950
772-464-6055
On

Date: ___________________________

Time: ___________________________

Please assure that your child is in attendance at school on this day. In the event your child is not at school please call Anne Marie Nail at 429-4582 as soon as possible in order to cancel transportation and the appointment.

I give permission for my child to receive an audiological evaluation and to be transported to the scheduled appointment.

_____________________________________ Parent Signature

_____________________________________ Date

Office Use Only

_______ The Emergency Contact Information Card is attached to this request

Request Approved by: ____________________________________ Date ______________
ESE Program Specialist

Sent to Exceptional Student Education on _______________________