



Medical Form - To Determine Eligibility for Transportation Service (To be submitted with a Transportation Form)

Transportation may be provided, regardless of distance, for students who have a medical condition or disability that severely limits walking. The Board reserves the right to discuss transportation issues with the attending physician. Requests pertaining to Asthma must state that using a bus is a necessity and must identify the restrictions from participation in physical education, physical activities, recess & field trips which are required on an ongoing basis in order to receive consideration for transportation.

Student's Name: _____ **Address:** _____

Date of Birth: _____ **School:** _____

- 1) Please list the condition(s) for which bussing is requested: _____
- 2) Is this request temporary Yes No if yes, number of weeks transportation required: _____
- 3) Is the condition chronic: Yes No
- 4) Does the condition debilitate the student from walking or taking public transit to school while supervised or accompanied by an adult:
Yes No

If yes, state the reasons (attach any supporting medical documentation):

Assistive Devices: Crutches _____ Cast _____ Wheelchair _____ Walker _____ Other _____

- 5) Are there any restrictions from participation in physical education, physical activities, recess, extra-curricular sports & field trips?

- 6) Is the condition pertaining to anxiety issues or disorder of mood that debilitate the student from safely walking or taking public transit to school while supervised or accompanied by an adult. Yes No

If yes, state reasons (attach any supporting Medical, Psychiatrist or Psychologist documentation)

- 7) Is the condition controlled by medication Yes No
- 8) Is the school required to administered medication: Yes No
- 9) Other pertinent information:

Doctor's Name: _____ **Phone #** _____

Doctor's Signature: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY THE SCHOOL

Does this student participate in any of the following activities?

GYM: YES NO **Recess:** Yes NO **Extra-curricular sports:** Yes NO **Field Trips:** Yes NO
Is there medication in the school office? Yes NO

Do you support the request for bus service? Yes NO

Principal's Signature: _____ **Date:** _____