



Washington Township Schools

~ A Community of 21st-Century Learners ~

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## Medical Information

School: \_\_\_\_\_

School Year: **2021-2022**

If your child has a medical condition or severe allergy that you would like their driver to be aware of, you may voluntarily complete this form and return it to the Transportation Office. This information will be kept confidential and shared only with your driver, substitute driver and Emergency Medical Personnel (if needed).

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergy or other medical condition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signs of emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's work/  
cell number: \_\_\_\_\_

Father's work/  
cell number: \_\_\_\_\_

Which number would be the best to call first? \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

[ ] Check here if you would like to receive a call from your child's driver to discuss this issue.

-- Please email the completed form to [transportation@wtschools.org](mailto:transportation@wtschools.org) --