

**ROSEVILLE AREA SCHOOLS
TRANSPORTATION SPECIAL CARE INFORMATION**

School / Program: _____ Phone: _____

Student Name: _____ Age and/or Birthdate: _____

Parent or Guardian: _____

Home Phone: _____ Work Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Special Health Concerns? _____ Allergies: _____
Specify Bus Ridership special concerns: _____
Medications carried on bus? _____ If Yes, Identify: _____
Medical Restrictions (Attach Individual Health Plan, if appropriate): _____
Additional Information: _____
Student's Physician: _____ Physician Phone: _____
Hospital Preferred: _____

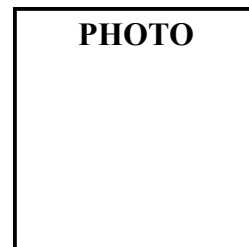
Limited Verbal Skills: _____ Describe: _____

--Must Be Completed--
Emergency Contact Name: _____ Emergency Contact Phone: _____
Relationship: _____ Address: _____
Emergency Alternate Name: _____ Alternate Home Phone: _____
Alternate Relationship/Work Phone/ Address: _____

AM Bus Number: _____	Midday Bus Number: _____	PM Bus Number: _____
Describe Special Equipment: _____		

Information Provided By: _____ Date: _____ Status: _____

Distribution: School Health Office, Bus Driver



RETURN TO: Roseville Area Schools District Center
Transportation Department
1251 West County Road B-2 Roseville, MN 55113