



Transportation

Health Information Card

6600 18 Mile Road
 Sterling Heights, MI 48314
 Phone (586) 797-7100
 Fax (586) 797-7101

Student's Name: _____

School: _____

Date: _____

Medical Information

Medical Concern: *(check all that apply)*

	Emergency Supplies		Are supplies located in backpack?	
Describe	Describe	Describe	Yes	No
Diabetic	Sugar Source		Yes	No
Allergies	EpiPen		Yes	No
Asthma	Inhaler		Yes	No
Seizures	Other		Yes	No
Heart Condition				
Bleeding Disorder				

Do you have an active UCS health care plan? Yes* No

*If Yes, please include a copy with this form

Other Medical Concerns: _____

Call Parent if the following occurs: _____

Emergency Contacts

	Parent / Guardian #1	Parent / Guardian #2
Name		
Relationship		
Home Phone		
Cell Phone		
Work Phone		

In case of emergency, if parent is not available, student can be left with:
(Must reside within UCS district boundaries)

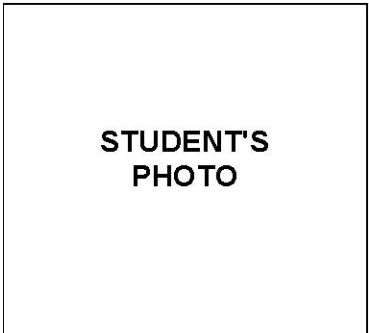
Name

Address

Phone

Relationship

Can student be left at home unattended? Yes No



As parent/guardian, I understand that this information will be held on my child's bus. I am responsible for updating this form for any changes.

HEIGHT: WEIGHT:

Parent's Signature _____ Date _____

*** **Transportation Office Use Only** *** Date Input in Edulog Initials Copy to Medical File

Cc: Bus # _____ Driver: _____ Bus # _____ Driver: _____

To Bus Driver, this form must be kept in your route book.