

TRANSPORTATION EMERGENCY INFORMATION  
TRANSPORTATION CAN ONLY BE PROVIDED IF THIS FORM IS COMPLETED AND RETURNED  
TO THE TRANSPORTATION OFFICE  
PLEASE PRINT OR TYPE

Today's date: \_\_\_\_\_ School of attendance \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Home Phone # \_\_\_\_\_

Student lives with (please circle) Mother Father Guardian Careprovider Other (explain) \_\_\_\_\_

Father's Name \_\_\_\_\_ Fathers address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mothers address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Pager # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

I \_\_\_\_\_ (Relationship \_\_\_\_\_) **WILL ALWAYS BE AT HOME OR HAVE AN AUTHORIZED PERSON TO RECEIVE MY CHILD OFF THE BUS AT THE DESIGNATED TIME**  
(your name)

**A DAYCARE PROVIDER WILL BE RECEIVING MY CHILD:** Name of contact person or director \_\_\_\_\_  
Address of Daycare \_\_\_\_\_ Phone # \_\_\_\_\_ Name of Daycare \_\_\_\_\_

**OTHER CARE ARRANGEMENTS**  
\_\_\_\_\_  
\_\_\_\_\_

**MY CHILD IS CAPABLE OF GETTING OFF THE BUS WITHOUT SUPERVISION THROUGH AUTHORIZATION BY THE IEP TEAM**

**EMERGENCY CONTACTS  
IN CASE OF AN EMERGENCY  
YOU MAY CONTACT THE FOLLOWING PERSONS IF I AM NOT AVAILABLE**

1. Name _____	Home Phone # _____	Address _____
Relationship to child _____	Work Phone # _____	Work Address _____
2. Name _____	Home Phone # _____	Address _____
Relationship to child _____	Work Phone # _____	Work Address _____

My Child has special needs/seizures/allergies or other medical problems the bus driver should know about (explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remember **NEVER** give the bus driver medication to administer to your child while on the bus. This must be taken care of by a nurse at school or by yourself at home.

**EMERGENCY AUTHORIZATION**

**In an emergency, I authorize that the bus company may call 911 and if necessary that my child may be taken to the nearest medical center for treatment.**

Hospital Preference \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE SIGN AND SEND THE COMPLETED FORM TO: NCC TRANSPORTATION, WINDSOR USD, 10725 OLD REDWOOD HWY. WINDSOR, CA. 95492 or FAX TO 707-431-8287**