

**Bus Emergency Information**

**(Please complete and return to teacher)**

Bus # \_\_\_\_\_ First Load / Second Load (circle one) Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Phone # (s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone # (s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Alternate #: Name: \_\_\_\_\_

Phone # (s): (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Facts concerning your child's medical history, including allergies, medications being taken, and any physical impairments to which I should be alerted:

\_\_\_\_\_  
\_\_\_\_\_

Thank you,

Your child's bus driver