

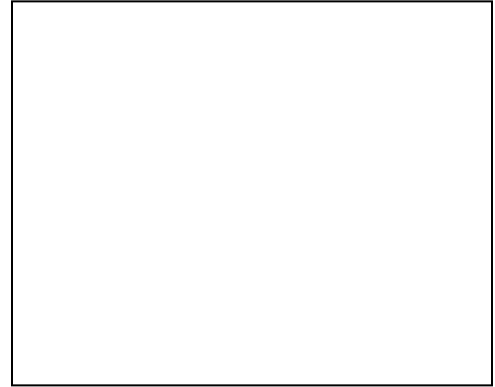


**CONFIDENTIAL MEDICAL EMERGENCY INFORMATION**  
**MONTGOMERY COUNTY PUBLIC SCHOOLS**  
**Department of Transportation**



**Student Information**

**Student Name:** \_\_\_\_\_  
 Nick Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 AM Route # \_\_\_\_\_ PM Route # \_\_\_\_\_  
**School:** \_\_\_\_\_  
 Program: \_\_\_\_\_  
 Teacher: \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
 \_\_\_\_\_



*Attach Picture Here (Optional)*

**Parent/Guardian Information**

**Mother/Guardian Name:** \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_  
**Father/Guardian Name:** \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
 Cell Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_  
**Emergency Contact Name:** \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

**Medical Information**

**Hospital Preference:** \_\_\_\_\_ **Physician:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 \*Bus operator or attendant are not authorized to administer oral or injectable medication other than a EPI PEN  
**Special Instructions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_