

Parental Contact: If possible and practical, in the event of major emergency, parental contact will be made.

Parental Approval: If, in the opinion of the driver, a major emergency exists, the parent(s) have agreed in

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|------------------------------------|-----------|----------|
| 1. Contacting the family doctor | _____ yes | _____ no |
| 2. Contacting any doctor available | _____ yes | _____ no |
| 3. Contacting 911 | _____ yes | _____ no |
| 4. Transporting to hospital | _____ yes | _____ no |

Special medical care directions, behavioral considerations, or other helpful information for the driver to be

As parent or guardian, I agree to one or more of the above procedures as indicated and agree that this information may be shared with my child's transportation team. CONFIDENTIALITY WILL BE MAINTAINED.

Signature: _____

Date: _____

Please return this form to the John Glenn Administration office, or your bus driver. Thank you!