

NORTHERN LEHIGH SCHOOL DISTRICT

1201 Shadow Oaks Lane
Slatington, PA 18080
(P) 610-767-9800 / (F) 610-767-9809



Greg Derr
Director of Support Services
gderr@nlsd.org

Dear Parent/Guardian

Enclosed you will find a **Confidential Emergency Medical Information Form** for your child. The information on this form will only be used to assist Emergency Responders in the event of an emergency on the Van/Bus. Copies of the form will be available to the driver/aide on the Northern Lehigh Van/Bus and in the Transportation office. The form will expire at the end of the current school year. This form is strictly voluntary to complete, but should you choose to have the information on file during the current school year, please return the completed form to the bus or van driver.

Feel free to contact the Transportation Department at 610-767-9846 should you have any questions regarding this matter.

Sincerely,

A handwritten signature in blue ink that reads "Greg Derr". The signature is written in a cursive, flowing style.

Greg Derr
Director of Support Services

GD/tme



Northern Lehigh School District

Transportation Department 610-767-9846 / 610-767-7706

1201 Shadow Oaks Lane • Slatington, Pa • 18071

****CONFIDENTIAL****

TRANSPORTATION EMERGENCY CONTACT / MEDICAL INFORMATION RELEASE FORM

▶ **This form is used for TRANSPORTATION ONLY** ◀

****PLEASE PRINT****

EMERGENCY CONTACT INFORMATION FOR A CHILD

_____			_____	☐M ☐F
Child's Last Name	First	Middle	Date of Birth	(Sex)
_____			_____	
Mother / Guardian's Name			Father / Guardian's Name	
_____ / _____			_____ / _____	
Telephone: ☐Cell ☐Work ☐Home (check all that apply)			Telephone: ☐Cell ☐Work ☐Home (check all that apply)	
_____			_____	
Street Address			Street Address	
_____			_____	
City, State, Zip Code			City, State, Zip Code	
_____			_____	
Employer			Employer	
_____			_____	
Email Address			Email Address	
_____			_____	

MEDICAL INFORMATION FOR A CHILD

_____	_____
List Allergies / Chronic Issues Driver Should Be Aware of:	(i.e. Allergies, Asthma, Diabetes)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
List Medications Child is CURRENTLY taking	_____
_____	_____
_____	_____
_____	_____
Child's Physician / Pediatrician Name	Child's Physician / Pediatrician Telephone
_____	_____

PERMISSION TO RELEASE EMERGENCY FORM

I give permission for this Emergency Medical Form to be given to Van/Bus Drivers and Emergency Responders.

_____ Date

Parent or Guardian Printed Name / Signature

NOTE: FORM IS VALID FOR THE CURRENT SCHOOL YEAR AND EXPIRES AT THE END OF THE SCHOOL YEAR.