



Emergency Health Information

Student's Full Name: Test Sample
D.O.B.: 12/01/2006
Address: 2410 14th St. South, Moorhead, MN 56560
District:

Student's nickname:
Age: 11 Grade: Date: 02/04/2016
Gender: M
School: :

Transportation Category Code: 03

Special Requirements:

Disability Condition(s):

Communication Mode:

Verbal / Sign / Assistive Technology

Emergency Care:

School Contact:

Case Manger # , Main Office #

Hospital:

Phone#:

Start Date:

Start Time:

End Time:

Check Days: Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

Start Date:

Start Time:

End Time:

Check Days: Monday ☐

Tuesday ☐

Wednesday ☐

Thursday ☐

Friday ☐

To School:

Pick up Address:

Drop off Address:

From School:

Pick up Address:

Drop off Address:

2410 14th St. South, Moorhead, MN 56560

	Name	Day Phone	Evening Phone	Cell Phone
Parent(s):			218-111-1111	
			218-111-1111	
Emergency Contact:				
Physician:				

COPIES TO: ☐ Bus Company ☐ Principal ☐ District Office ☐ Director