



SCHOOL DISTRICT of SOMERSET

Transportation/Medical Request

The Somerset School District would like to share medical information regarding your child(ren) with Safe-Way Bus Co. to ensure that their drivers are aware of any medical issues that could arise while transporting your child(ren). Medical conditions may include allergic reactions, asthma, seizure disorders or diabetes. Please indicate your preference below:

_____ Yes, please share medical information listed below with Safe-Way Bus Co.

_____ No, I request that Somerset School District not share medical information with Safe-Way Bus Co.

Medical information that you would like to be shared with Safe-Way Bus Co.:

My child wears a Medic Alert ID:

_____ Yes

_____ No

*Safe-Way Bus Co. employees are not medical practitioners. Safe-Way Bus Co. will contact 911 if your child has a medical emergency on the bus.

Parent(s)/Guardian(s) Name: _____

Signature(s): _____

Please list your child(ren) below:

Student (print) _____ Grade ____

Student (print) _____ Grade ____

Student (print) _____ Grade ____

Student (print) _____ Grade ____

Please have your child return this form to their bus driver. For questions, please contact Michelle Mahler at the Somerset School District, (715)247-4848, Ext. 507 or Vicky Java at Safe-Way Bus Co., (715)247-2090.