



## 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: \_\_\_\_\_ Date: 02/04/2016  
 Age: 11 Grade: \_\_\_\_\_ 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