

Medical Information

Student Name: _____

Physician's name: _____ phone number : _____

Physician's address: _____ City: _____

Insurance carrier: _____ phone number: _____

Policy/group number: _____ Insured's name: _____

Does your child need to take any medication during the day?

Note: Any prescription medicine must be in the original container and given to a PCSD supervisor before the student will be permitted to board the bus.

Other Information

Are there any concerns you would like to share with us that might make your student's experience better? (fears, likes, dislikes, students who should not be placed with your child, etc.)

Although you will be providing lunch/lunch money for your child, does your child have any food allergies we should be aware of? If so, please indicate allergies:

Treatment plan: _____