CABARRUS COUNTY SCHOOLS-EXCEPTIONAL CHILDREN
TRANSPORTATION CONTACT AND EMERGENCY INFORMATION

2023-2024
SCHOOL YEAR

(PLEASE RETURN COMPLETED FORM TO SHASTA SIMPSON/AUXILIARY SERVICES CENTER/CABARRUS COUNTY SCHOOLS)

Student's Full Name: _____ Date of Birth:_____ Student No. Requir
(Last) (First) (MI)

Address :_____ Zip: _____ Home Phone: _____

Parents/Guardians Name: _____Where Employed: _____ Work Hours: _____ Work Phone: _____

Student's Teacher Name:_____ **School:** _____ **Grade:** _____

EMERGENCY CONTACT PERSONS, DAYCARES AND NUMBERS AUTHORIZED TO PICK UP AND/OR RELEASE MY CHILD TO:

Name	Relationship to Child	Address	Contact Phone
1.			
2.			
3.			
4.			
5.			

My child has permission to be released to the contact persons listed above. Parent/Guardian Initial: ☐ Adult required at the stop? ☐ Y ☐ N

EMERGENCY PROCEDURES FOR SERIOUS ACCIDENTS:

1. Call 911 and give location and extent of injury. 2. Administer first aid as required. 3. Contact school personnel. 4. Call parent/guardian or designated person.

List all known allergies, medical conditions, and/or all medications taken regularly: _____
_____

Pediatrician Name:	Address:	Phone #

I authorize the above named physicians (or person taking his/her calls) to treat or select any specialist for my child.
If any emergency medical care is necessary by a physician and I cannot be contacted, I authorize Exceptional Children Transportation staff in charge to act on my behalf in granting permission for my child to receive treatment or surgery. Parent/Guardian Initial: ☐

I have agreed to and have authorized the above and understand that I am required to let the Exceptional Children Transportation Department know immediately of any changes in the above information.

Parent Signature: _____ Date: _____