



CENTRAL VALLEY

SCHOOL DISTRICT

Sam Cercone, Director of Athletics/Transportation

Dear Parents / Guardians,

Attached is an informational form for your child's health and medical condition. This form should **ONLY** be filled out if you, as the legal guardian, would like this information to be shared with ABC Transit and/or Frye Transportation and your child's bus driver because of a **"SEVERE MEDICAL CONDITION" that could be a "life threatening emergency."**

Please understand that the driver's primary responsibility is to safely transport students. Bus drivers do not provide first aid or medical treatment. Drivers are to identify emergency situations as soon as possible, so they can seek appropriate and timely assistance for a student in need.

If you choose to fill out the form, please return it to your child's building nurse or myself, Sam Cercone, Director of Transportation by Wednesday, August 23, 2023.

Parents should also speak with their child's bus driver for any medical concerns.

Thank you for your time on this very important matter.

Sincerely,

Sam Cercone

Sam Cercone
Director of Transportation



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SEVERE MEDICAL CONDITION INFORMATION

If your child has a health or medical condition that could potentially cause a ***“life-threatening emergency”*** while being transported by school bus, please notify the Director of Transportation and ABC Transit and/or Frye Transportation of this important information by completing the fields below. This information will be shared with your child’s bus driver! ***DO NOT FILL THIS OUT IF YOUR CHILD’S CONDITION IS NOT “LIFE THREATENING.”***

Student Name: _____

DOB: _____

Address: _____

Grade: _____

Bus Stop: _____

School Attending: _____

Bus number: _____

(To Be Filled out by the Transportation Dept.)

Parent /
Guardian Name _____

Phone: _____

Mobile: _____

Health / Medical Condition(s):

Potential Emergency Issues:

Possible Physical Symptoms:

Parent / Guardian

Signature: _____

Date: _____