



CENTRAL VALLEY

SCHOOL DISTRICT

Central Valley High School Warriors

Sam Cercone, Director of Athletics/Transportation

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 Rhodes Transit 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: _____