



CENTRAL VALLEY

SCHOOL DISTRICT

Central Valley High School Warriors

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 Rhodes Transit 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 Friday July 24, 2020.

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 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: _____