

TEMPORARY DISABILITY MEDICAL STATEMENT

Date: _____

Bus #: _____

The following is a medical statement concerning:

Name of Student

Type of Temporary Disability

Regarding riding school buses and engaging in normal school activities, including physical education classes, it is my medical opinion that:

Name of Student

Can Cannot ride school bus # _____ to and from school.

Can Cannot participate in Physical Education classes.

Comments:

Physician's Signature

Office Address

Office Telephone Number

Copies to: Transportation Bus Driver Parent Student' File