

**JEFFERSON PARISH SCHOOLS**  
**SPECIAL EDUCATION STUDENT BUS EMERGENCY DATA FORM**

**Parent or Designee Guidelines**

1. Provide the bus driver with appropriate phone numbers and emergency numbers. Provide the bus driver with pertinent written information regarding any special care the student may need while on the bus. Notify the school and bus driver immediately if telephone numbers on emergency cards have been changed or disconnected.
2. Insure that the student meets acceptable hygiene standards before boarding the bus.
3. Have the child at the designated bus stop at the regularly schedule time and provide the necessary supervision until the bus arrives.
4. Secure the child into any specialized carry equipment prior to the child boarding the bus. (Equipment must be in safe working order.)
5. Meet the bus upon its return to the designated bus stop at the scheduled time.
6. Make a reasonable and timely effort to notify the bus driver prior to the beginning of the morning run if the child is unable to attend school.
7. Help keep area to and from bus loading area clear of obstacles and all other unnecessary debris.
8. Call the school, in the event of a serious emergency that might prevent the parent from meeting the child at the bus stop, and give the name of the person who will meet the child in place of the parent. The school will give the information to the bus driver. The name of the person should be on the emergency card.
9. Provide transportation if suspension from bus is authorized.

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**Student Bus Emergency Data (Please Print)**

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Students: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Special Equipment Required:     Crutches    Braces    Car Seat    Stroller    Wheel Chair  
 Seat Belt    Vest    Attendant Needed:    Yes         No

Print all information you consider vital that the bus driver should know, such as: Physical Defects, Allergies, Diabetes, Epilepsy, and medications, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Mother's Employer: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone#: \_\_\_\_\_

List two (2) friends or relatives to contact in case of an emergency: (Name, address & telephone number)

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

White/Driver

Canary/School

Pink/Parent

Gold/Area Office