



CONFIDENTIAL MEDICAL EMERGENCY INFORMATION
MONTGOMERY COUNTY PUBLIC SCHOOLS
Department of Transportation



Student Information

Student Name: _____

Nick Name: _____ DOB: _____

AM Route # _____ PM Route # _____

School: _____

Program: _____

Teacher: _____

Home Address: _____

- To Add a Picture
1. Annotations option under the Comment Tab
 2. Click the paper clip icon
 3. Click in the box on the form
 4. Upload the photo .jpg
 5. Click select
 6. Click the attachment (push pin) icon, select okay
 7. You will see the icon in the box, double click that and it will open the picture

Attach Picture Here (Optional)

Parent/Guardian Information

Mother/Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Other: _____

Father/Guardian Name: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Other: _____

Emergency Contact Name: _____

Phone Number: _____ Other: _____

Medical Information

Hospital Preference: _____ **Physician:** _____

Allergies: _____

Medication: _____ Dosage: _____

***Bus operator or attendant are not authorized to administer oral or injectable medication other than a EPI PEN**

Special Instructions: _____
