



Emergency Contact Form (2018-2019)

Student Name: _____

School: _____

Street Address: _____

Apartment #: _____ Grade: _____ Age: _____

Guardian: _____

Relationship To Student: _____

Primary Contact #: _____

Alternate Contact #: _____

Work #: _____

Medical Conditions or Allergies: _____

Medications: _____

Alternate Contact #1: _____

Relationship To Student: _____

Contact #: _____

Alternate Contact #2: _____

Relationship To Student: _____

Contact #: _____

*YES (Initial) _____ I was provided Bus Rules and Eating & Drinking notices to go over with my student.

*YES (Initial) _____ I authorize my child to be released by bus driver without a parent or guardian present. I will not hold Trinity Transportation or any of their employees of any liabilities that may occur after my student(s) have been released. ***(It is the parent's responsibility to be present for the dismissal of their student and not a requirement by Ohio State law. However, this is a service we provide to ensure the safety of KG & 1st grade students only, unless initialed above)***

*****Ohio State laws require transportation to have an emergency contact form on the bus at all times. Failure to return to the driver within 3 school days may result in loss of transportation until it is completed and returned.***

Signature: _____ **Date:** _____