



MEDICAL REQUEST FOR TRANSPORTATION

The Parent or Guardian of _____, _____
(Student Name) (Student ID Number or Birthdate)

who resides at _____, _____
(Address, Zip) (Telephone Number)

is requesting special transportation consideration for his/her child to _____
(School Name)

ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL

In your professional opinion, does this student suffer from any condition that would physically prohibit his/her walking to school thus requiring transportation? Yes No

(Transportation requirements: two miles – elementary, two miles- middle school and three miles – high school.)

A physician must attach a detailed statement of medical diagnoses, medication, duration, and any other supporting evidence why special transportation is necessary for the student. CMSD policy requires a physical to be completed on all students each year; please include a physical with this report. Include information on how walking to school aggravates the student’s condition.

Physician Name: _____ Telephone: _____

Address: _____ Date: _____

Physician Stamp: _____

RELEASE OF INFORMATION: I hereby authorize the Medical/Mental Health Professional named above to release the requested information to the Cleveland Municipal School District. I further authorize the District to submit this information to the District’s Health Services Office. A copy of this authorization is as valid as the original. Such information may also become a part of the student’s school health record.

 Signature of Parent/Guardian _____
 Date

<u>APPROVED</u> <input type="checkbox"/>	<u>DENIED</u> <input type="checkbox"/>
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 Evaluator’s Signature _____
 Date

TRANSPORTATION INFORMATION						
<u>BEGIN DATE:</u>	<u>END DATE:</u>	<u>CODE:</u>	<u>SCHOOL BUS</u>	<u>RTA</u>	<u>CAB</u>	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RETURN TO: (Before September 1st): Health Services, 1111 Superior Ave. E
 Cleveland, Ohio 44114
 Phone: 216-838-0185 Fax: 216-436-5060

(After September 1st): Return to your School Nurse