



**MEDICAL REQUEST FOR TRANSPORTATION
CLEVELAND MUNICIPAL SCHOOL DISTRICT**

The Parent or Guardian of _____ who
Student Name Student I.D Number or Birthdate
resides at _____ is
Address Telephone Number
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: As determined by CMSD medical team and child's medical needs.)

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

Approved ☐ Denied ☐ Evaluators Signature: _____ Date: _____

TRANSPORTATION – begin date: _____ end date: _____

TRANSPORTATION CODE: _____ School Bus ☐ RTA ☐ Cab ☐

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

Date: _____

School: _____

Re: Transportation Requests

Dear Doctor/Healthcare Provider,

This letter is in regard to requests for transportation for medical issues. Extensive information is needed to make correct determinations concerning transportation for health issues. These are some general guidelines as to the information needed to base these requests on:

- Full diagnosis needed;
- Medications need to be listed with amounts, times, etc.;
- Copy of a physical done within the past year;
- Limitations in any activities, i.e., how far can a child walk (corner stop for bus pick up), can participate in sports and/or school activities, etc. specifically, which ones?;
- What specifically aggravates child condition, if any, i.e., walking (distance?) or climate changes, chemicals, etc?;
- Duration of problem; does child need transportation for full year or only for fall and winter months (11/1 – 4/1);
- Past medical history to support need for transportation accommodations such as treatments, hospitalizations, extenuating circumstances, etc.;
- Whether child can use public transportation (if an older child);

A form letter is not acceptable documentation for transportation at this time, as detailed information is needed to make an accurate determination of the child's need. A diagnosis of asthma does not automatically insure transportation accommodations, but supporting evidence will help us make a better decision for the child. Please remember, transportation for medical issues is reserved only for children with the most critical of needs and the Cleveland Municipal School District does retain the right to refuse transportation except for those deemed most necessary.

If you have any questions, please feel free to call me in my clinic at _____ or at pager _____. Again, thank you for your time and cooperation.

Respectfully,

School Nurse