

IRON COUNTY SCHOOL DISTRICT
EMERGENCY RESPONSE

Dear Parent/Guardian:

Please provide the following information to be used only in the event that an emergency situation occurs while your student is being transported to or from school

Please return completed sheet to the bus driver.

CHILD'S NAME	SCHOOL GRADE
--------------	-----------------

PARENT(S)/GUARDIAN	STREET ADDRESS	CITY
--------------------	----------------	------

HOME PHONE NUMBER NUMBER	CELL PHONE NUMBER	WORK PHONE
-----------------------------	-------------------	------------

ALTERNATE CONTACT PERSON	PHONE NUMBER
--------------------------	--------------

MEDICAL CONDITION / PRESCRIPTION DRUGS USED

SPECIAL EMERGENCY PROCEDURES

I have read and understand "STUDENT CONDUCT ON SCHOOL BUSES".

PARENT / GUARDIAN SIGNATURE

DATE

BUS #

DRIVER