



LEVITTOWN PUBLIC SCHOOLS
 Levittown Memorial Education Center
 150 Abbey Lane
 Levittown, New York 11756



REQUEST FOR TEMPORARY MEDICAL TRANSPORTATION – PARENT FORM

SCHOOL YEAR _____

Parent/Guardian must complete this section:

Student NAME _____ D.O.B. _____

ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____

CURRENT BUS STOP _____

STUDENT CURRENTLY RECEIVES BUS TRANSPORTATION TO AND FROM SCHOOL: **YES/NO**

STUDENT IS **NOT** CURRENTLY ON A BUS AND NEEDS TEMPORARY SERVICE: **YES / NO**

TRANSPORTATION IS NEEDED: TO And FROM Home to School **YES / NO**
 (circle yes or no) TO and FROM BOCES **YES / NO**

FAMILY PHYSICIAN/DIAGNOSING PHYSICIAN Must Complete this section:
(Please answer all questions)

Temporary Special Health Transportation is required for the following reasons:

a. Medical Diagnosis: _____

b. Treatment given/Specialist _____

c. Is the child wearing a **CAST, SLING, BOOT, is ON CRUTCHES OR IN A WHEELCHAIR?**

d. TEMPORARY TRANSPORTATION IS NEEDED: From: _____ to _____

e. TYPE OF BUS: **Mini** _____ (ramp) **Full Size** _____ (no ramp)

f. DOOR TO DOOR _____ or CURRENT BUS STOP (Corner) _____ (Check one)

g. Are there any restrictions on Physical Educational Activities? ____YES ____NO

BOCES Students: Can student participate in hands on classroom activities? Y or N

Comments: _____

 Physician's Stamp

 Physician's Signature/Date