

**Wayne-Westland Community Schools
KINDERGARTEN EMERGENCY INFORMATION**

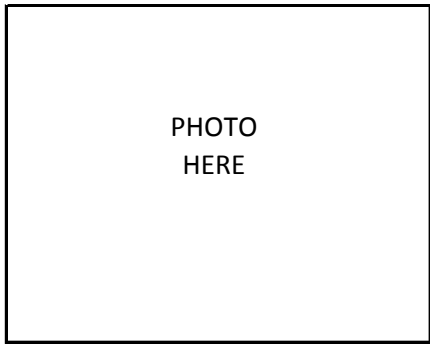
**SCHOOL YEAR _____
TRANSPORTATION DEPARTMENT**

STUDENT NAME

ADDRESS

SCHOOL

ROUTE # _____



MOTHER/GUARDIAN

ADDRESS

CITY
PHONE: _____
ALTERNATE PHONE: _____
DAY CARE _____
DAY CARE ADDRESS: _____

FATHER/GUARDIAN

ADDRESS

CITY
PHONE: _____
ALTERNATE PHONE: _____
PHONE _____

EMERGENCY CONTACT PERSON OTHER THAN PARENT/GUARDIANS:

NAME

RELATIONSHIP TO STUDENT (i.e., uncle, aunt, grandparent)

PHONE

FOR YOUR CHILD'S SAFETY, IF THERE IS NOT AN AUTHORIZED PERSON AT THE BUS STOP WHEN THE BUS ARRIVES, THEY WILL BE TAKEN BACK TO SCHOOL

PERSONS THAT MAY GET YOUR CHILD OFF BUS (INCLUDE SIBLINGS)
Make sure that you always have ID to get the child off the bus

NAME

NAME

NAME

NAME

NAME

NAME

NAME

NAME

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL INFORMATION
Allergies: _____
NO MEDICATION WILL BE TRANSPORTED TO SCHOOL ON THE SCHOOL BUS