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 CELL PHONE NUMBER WORK PHONE NUMBER

_____

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