ELIZABETH PUBLIC SCHOOLS

Every Child, Achieving Excellence

Olga Hugelmeyer
Superintendent of Schools

Marie Verdon
Nurse – Coordinator

DATE: _____

RE: DETERMINATION OF ELIGIBILITY FOR MEDICAL TRANSPORTATION

Student: _____ D.O.B: _____

I.D. #_____ IEP Status: Yes_____ No:_____

Parent: _____ Phone (H) _____

Address: _____ Phone (W) _____

School: _____ Grade: _____

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Diagnosis / IC09 CODE: _____

Medication Prescribed: _____

Is child allowed to participate in Gym (Yes – No) and/or Recess (Yes – No) [Please circle]

Request for: Home Pick Up: (☐) Station Pick Up (☐)

Medical Reason for Request / Include why student is unable to WALK TO SCHOOL (Must be filled out by a Doctor, Nurse Practitioner, or Physician Assistant)

_____

_____

_____

_____

FROM: _____
Physician's Name Printed Physician's Signature

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S TELEPHONE: _____ FAX #: _____

OFFICIAL STAMP:

Initial form: 12/18/14
Revised: 5-6-21