CLEVELAND METROPOLITAN SCHOOL DISTRICT
Vision to Victory

# MEDICAL REQUEST FOR TRANSPORTATION

The Parent or Guardian of _____, _____
(Student Name) (Student ID Number or Birthdate)

who resides at _____, _____
(Address, Zip) (Telephone Number)

is requesting special transportation consideration for his/her child to _____
(School Name)

***ALL INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL***

In your professional opinion, does this student suffer from any condition that would physically prohibit his/her walking to school thus requiring transportation? **Yes** ☐ **No** ☐

***(Transportation requirements: two miles – elementary, two miles- middle school and three miles – high school.)***

**A physician must attach a detailed statement of medical diagnoses, medication, duration, and any other supporting evidence why special transportation is necessary for the student. CMSD policy requires a physical to be completed on all students each year; please include a physical with this report. Include information on how walking to school aggravates the student's condition.**

Physician Name: _____ Telephone: _____

Address: _____ Date: _____

Physician Stamp: _____

_____

**RELEASE OF INFORMATION:** I hereby authorize the Medical/Mental Health Professional named above to release the requested information to the Cleveland Municipal School District. I further authorize the District to submit this information to the District's Health Services Office. A copy of this authorization is as valid as the original. Such information may also become a part of the student's school health record.

_____ _____
Signature of Parent/Guardian Date

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| APPROVED | DENIED |
|---|---|
| ☐ | ☐ |

_____ _____
Evaluator's Signature Date

| TRANSPORTATION INFORMATION | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| BEGIN DATE: | | | END DATE: | | | CODE: | SCHOOL BUS | RTA | CAB |
| | | | | | | | ☐ | ☐ | ☐ |

**RETURN TO: (Before September 1st): Health Services, 1671 East 71st Street, Cleveland, Ohio 44103**
**Phone: 216-361-8142 Fax: 216-361-8122**

**(After September 1st): Return to your School Nurse**