

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES

MEDICAL TRANSPORTATION REQUEST - SCHOOL TEAM AUTHORIZATION

Date: _____

Transportation Services
 440 N. Broad Street, Room 311
 Philadelphia, PA 19130
 Phone: 215-400-4350 Fax: 215-400-4352

The student named below suffers from a medical condition which requires special transportation accommodations. It is the opinion of the school support team that it is in the best interest of this student to receive transportation accommodations to and from school as specified below.

Student's Name	Student ID	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address and Zip Code	Home Phone	
Parent/Guardian Name	Emergency Phone	
School/Location No.	Region	

TYPE OF SERVICE NEEDED

	Curb to Curb pick up and delivery
	Corner pick up and delivery at:
	Nearest designated school bus stop pick up and delivery
	Medical concerns that will require intervention
	Special equipment. e.g. harness, seat belts, etc.
	Free tokens
	Other

APPROVED BY

School Support Team Member	School Nurse
School Support Team Member	Principal