Request for Medical Transportation

Manchester Public Schools
45 North School Street
Manchester, CT 06042
Office: 860-647-5074
Fax: 860-647-3433

Parents: Please complete **Section I** before giving this form to your medical provider. The District requires that you submit a timely, complete, and sufficient medical certification **each year** to support a request for school bus transportation due to your child's health condition. **This form is used for the following circumstances: student not eligible by Board policy #3541 who has a documented medical condition that would require busing; eligible students with illness or injury that requires curb to curb transportation.**

Section I – Student Information

Student Name: _____ DOB: _____ Grade: _____

School: _____ Cell Phone: _____ Other Phone: _____

Section II - Medical - For Completion by Health Care Provider

Instructions to Health Care Provider: *Your patient has requested transportation services through the Manchester Public Schools. Answer, fully and completely, all applicable parts. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Please be sure to sign the bottom of the form.*

Physician Name: _____

Business Address: _____

Type of Practice/Medical Specialty: _____

Phone: _____ Fax: _____ Email: _____

Medical Facts

1. Medical Condition: _____
2. Approximate date the condition commenced: _____
3. Probable duration of the condition: _____
4. Date(s) you treated the patient for condition: _____
5. Is the student unable to participate fully in physical activity (Physical Ed., Recess, etc.) due to condition?

   Yes ☐ No ☐

   If yes, identify the activities the student is unable to perform: _____
6. Is the student able to walk a measurable distance to the bus stop? Yes ☐ No ☐

   Please be specific relative to the distance the child can walk using **yards:** _____

7. Can the student bear weight? Yes □ No □

8. Is it medically necessary for the student to ride a school bus? Yes □ No □

9. Describe other relevant medical facts, if any, related to the condition for which the student seeks transportation services (such as specialized equipment, crutches, immobilizer, weight bearing concerns, other medical facts related to diagnosis): _____

_____

_____

_____

_____

_____ _____

Signature of Health Care Provider **Date**

Completed forms are to be submitted to:
Christie Hoyt, Coordinator of School Health
Fax: 860-647-3433
Email: choyt@mpspride.org

Manchester Public Schools: Office Use Only

Approved □ Denied □

Signature: _____ Date: _____