

**NORTHWESTERN LOCAL SCHOOLS – BUSING INFORMATION SHEET  
2021-2022**



<b>**PARENTS PLEASE SELECT**</b> <input type="checkbox"/> Bus Transport   or <input type="checkbox"/> Self Transport <b>(please fill out Section 1 regardless)</b>	Today's Date _____ Effective Date _____ Bus # _____ Grade _____
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If your child(ren) require(s) busing for the 2021-2022 school year, please complete this form and **return it to the school they attend**. **Even if your child is NOT being transported, this form needs to be completed and returned.** Because of liability and transportation issues, we can only allow **ONE** pick-up/drop-off point per student. In cases where babysitters are an issue, this has to be pre-approved by the school in order for students to be transported via bus to multiple stops. If the bus has available seating, they will be accommodated. The school needs to be provided a schedule, so there is no confusion as to which stop each day. **State Law requires that students be at their designated point of safety 5 minutes prior to the arrival time.** Please contact the Transportation Department at 419-846-1154 with any questions/concerns. We appreciate your cooperation.

**Section 1. \*\*Fill out this section regardless of Section 2. Please fill out a separate form for each student. Thank you!!**

New Student    NHS    NMS    NES    Open Enroll    Liberty Prep    Career Center

Student's Name \_\_\_\_\_

Parent/Guardian (print) \_\_\_\_\_ (signature) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

**Section 2. By filling out this section, you denote your child will not be picked-up/dropped off at their home address listed above. You will be responsible for getting your child to and from this location daily.**

Authorized Contact Name \_\_\_\_\_

Authorized Pick-up/Drop off Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Emergency Medical Authorization:** To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached:  
**Health Alert:** List student's known allergies or medical conditions: \_\_\_\_\_

**The medical concerns listed above are allowed to be shared with necessary staff at my child's school.**      Yes    No  
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**Part I – To Grant Consent: I hereby give consent for the following medical care providers and local hospital to be called.**

Preferred Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for: (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. The authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
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**Part II – Refusal to Consent: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action as they are reasonably able to do so:**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_