LEVITTOWN PUBLIC SCHOOLS
Levittown Memorial Education Center
150 Abbey Lane
Levittown, New York 11756

Success For Every Student

REQUEST FOR TEMPORARY MEDICAL TRANSPORTATION
SCHOOL YEAR _____

NAME _____ D.O.B. _____

ADDRESS _____ PHONE _____

SCHOOL _____ GRADE _____

CURRENT BUS STOP_____

STUDENT IS **NOT** CURRENTLY ON A BUS AND NEEDS TEMPORARY SERVICE: **Yes or NO**

TRANSPORTATION IS NEEDED: TO And FROM Home to School **Yes or No**
(circle yes or no) TO and FROM GC TECH (BOCES) **Yes or No**

I. FAMILY PHYSICIAN:
Health transportation is required for the above-named student for the following reasons:

a. Medical Diagnosis:_____

b. Treatment given/Specialist _____

c. Is the child wearing a **CAST, SLING, BOOT, is ON CRUTCHES OR IN A WHEELCHAIR**?
_____

d. DATES TRANSPORTATION IS NEEDED: From: _____ to _____

e. TYPE OF BUS: **Mini**_____ **Full Size** _____

f. DOOR TO DOOR _____or CURRENT BUS STOP (Corner)_____ (Check one)

g. Are there any restrictions on Physical Educational Activities? _____yes _____no.

BOCES (GC Tech) Students: Can student participate in hands on classroom activities? Y or N

Comments:_____

_____ _____
Physician's Stamp Physician's Signature/Date

II. SCHOOL NURSE:

1. This student has received medical transportation in the past _____yes _____no.

2. During the current/prior school year the above-named student has been absent for medical reasons _____(#) days.

_____
School Nurse's Signature/Date

- School Nurse, please Email form to: Dr. Kowal-Connelly.

III. RECOMMENDATION OF SCHOOL PHYSICIAN

1. **APPROVE/DENY** the above transportation request. If further information is needed please comment below.

Comments:
_____
_____

_____
School Physician's Signature/Date

- School Dr. is to return signed form to the school nurse it was received from.

Received on _____ by School Nurse.
Send approved requests to Transportation.
Send letter to parents for denied requests.

IV. TRANSPORTATION OFFICE

Approved_____ Denied_____

Reason for Denial

_____

_____

_____
Transportation Supervisor's Signature/Date