TRANBY COLLEGE 2020 BUS PASSENGER DETAILS

Please complete for **each** Student who uses this service. This form will be retained on the School Bus and is also part of the Safety Management Plan of Settlers Transport.

Student Details

Student Name: .....

Date of Birth: .....

Year of Study: ……

Parent/Carer Details

Name(s):……

.....

Street:..... Suburb: .....

Home telephone:.....Work telephone:.....Mobile:.....

Drop Off Instructions

Please tick one only

☐ My child may walk to the house independently.

☐ I will meet my child at the bus stop at all times. Should one of my emergency contact listed below or myself not be in attendance or cannot be contacted when my child is dropped off, **my child will be kept on the bus** and under supervision.

Emergency Contacts

Please enter up to two emergency contacts. These need to be:

a) located within **close proximity** to the bus route;
b) available during morning and afternoon bus travel time; and
c) advised they have been nominated as an emergency contact.

1.Name:..... 2. Name: .....

Street:..... Street:.....

Suburb:..... Suburb:.....

Telephone: ..... Telephone: .....

NB: Please nominate any other persons authorised to collect your child *(i.e. Grandparents, sister or friend)*

1.....

2.....

3.....

PTO

Medical Information

Medical condition: ……..

Doctor/Specialist: ……..

Telephone: ……..

Medication

Bus drivers will not administer medication. This information is for emergency use only.

Does the student require medication? YES/NO Does the student use an **asthma puffer**? YES/NO

1. Form: ..... 2. Form:.....

Dosage:..... Dosage: .....

Time: ..... Time:.....

Allergies *(please circle)* **No** OR **Yes** *(if yes please list)*

1.....2.....3.....

4.....5.....6.....

Please indicate with a tick your anticipated use of the service

ANTICIPATED USE	**AM**	**PM**
Monday	.....	.....
Tuesday	.....	.....
Wednesday	.....	.....
Thursday	.....	.....
Friday	.....	.....

Comments or further information:

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I confirm the above information is correct and all nominated emergency contacts have been advised and will notify the School and School Bus Driver if any circumstances change during the School year. I am aware that my child should be at the Bus Stop 5 minutes before scheduled pick up.

Name: .....Relationship: .....

Signature: ..... Date: .....