



# Medical Transportation Request

RETURN COMPLETED FORM TO  
Waterloo Schools Education Service Center  
1516 Washington St, Waterloo, IA 50702 ♦ 319.433.1801 ♦ Fax 319-433-1887



Student Name: \_\_\_\_\_ (please print)

Parents/Guardians requesting transportation due to a medical condition must take this form to their physician to be filled out and return the completed form to the Waterloo Schools Education Service Center located at 1516 Washington St.

Approvals will be based on verification of completed form.

Primary reason for transportation request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this request temporary?  Yes  No

If yes, when is the expected end date that medical transportation may be needed? \_\_\_\_/\_\_\_\_/\_\_\_\_

If no, this form will expire on the last day of the current school year.

### RECOMMENDATION

For reason(s) stated above, and considering this student's projected absence from school, I am (by my signature below) in support transportation being provided as follows.

Door to Door Transportation  "Closest Stop" Transportation (usually 1-2 blocks from residence)

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed/printed name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

### Transportation Department Use ONLY

Request Denied (Reason) \_\_\_\_\_ Staff Initials \_\_\_\_\_

Request Approved  A.M. Route # \_\_\_\_\_ A.M. Stop \_\_\_\_\_ A.M. Time \_\_\_\_\_

Request Approved  P.M. Route # \_\_\_\_\_ P.M. Stop \_\_\_\_\_ P.M. Time \_\_\_\_\_

Student Services Department Review  Request Approved  Request Denied (Reason) \_\_\_\_\_

Special Education Student  
 Regular Education Student

Primary Address \_\_\_\_\_

School \_\_\_\_\_

Date Parent Notified \_\_\_\_\_