

Special Needs Student Transport Authorization Consent Form

Student Information

Student Name

Date of Birth

School Name

Grade

Parent or Guardian Information

Parent/Guardian Name

Contact Number

Email

Address

Transport Details

Pick-Up Location

Drop-Off Location

Specific Transport Needs / Equipment

Medical Information

Relevant Medical Conditions

Emergency Contact

Emergency Contact Phone

Consent & Authorization

☐ I authorize my child to utilize special needs student transport services provided by the school.

☐ I consent to any necessary medical treatment in case of emergency during transport.

Parent/Guardian Signature

Date