



**NIPISSING-PARRY SOUND
STUDENT TRANSPORTATION SERVICES**

**TEMPORARY TRANSPORTATION REQUEST for
MEDICAL REASONS (Annual Review)**

NOTE TO PARENTS/GUARDIANS: Parents/Guardians are not to assume that transportation has been approved until the arrangements have been confirmed with them.

STUDENT NAME:	SCHOOL:
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TO BE COMPLETED BY DOCTOR/PHYSICIAN (Please complete in its entirety)

NPSSTS Reserves the Right to Request Additional Medical Information to Support this Request, at its sole discretion.

DOCTOR NAME:	TELEPHONE:
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THE FOLLOWING FIELDS ARE MANDATORY TO ENSURE COMPLIANCE WITH APPLICABLE LEGISLATIVE REQUIREMENTS:

MEDICAL CONDITION(S) AND/OR LIMITATION(S) THAT NECESSITATES SPECIAL TRANSPORTATION (Be Specific):

START DATE:	END DATE:
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WHICH ACTIVITIES ARE IMPACTED?			PLEASE INDICATE:		
	YES	NO	YES	NO	
Physical Education Class	<input type="checkbox"/>	<input type="checkbox"/>	Student requires assistance Boarding in the a.m.	<input type="checkbox"/>	<input type="checkbox"/>
AM/PM Recess	<input type="checkbox"/>	<input type="checkbox"/>			
Sports Activities	<input type="checkbox"/>	<input type="checkbox"/>	Student requires assistance Deboarding in p.m.	<input type="checkbox"/>	<input type="checkbox"/>
Field Trips	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Comments:</u>			Student has a medical condition that may present itself during transit (Complete AC-001-3 at School)	<input type="checkbox"/>	<input type="checkbox"/>
Walk to School / Bus Stop	<input type="checkbox"/>	<input type="checkbox"/>		<u>Comments:</u>	

IF ONLY WALKING TO SCHOOL / BUS STOP IS IMPACTED, please explain why only this activity:

SIGNATURE OF DOCTOR: _____ DATE: _____



ACKNOWLEDGEMENT OF RECEIPT

SIGNATURE OF PRINCIPAL: _____ DATE: _____

SIGNATURE OF NPSSTS: _____ DATE: _____



OPERATOR:	ROUTE:
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F.O.I. COLLECTION STATEMENT: Authorization for the collection of this information is in the *Education Act*. Users of this information may be principals, teachers, support staff, volunteers, transporting operators, drivers and school vehicle monitors. This form will be retained in the school office for as long as is deemed necessary. Contact person for queries concerning this information is the Principal of the school. A copy of the form will be provided to the NPSSTS and the transporting operator.