

## Laurens County School District

### Student Emergency Care/ Information Profile

Bus Driver's Name: \_\_\_\_\_ Bus Number: \_\_\_\_\_

Student(s) Name <i>(list each school age child transported on the school bus)</i>	Age	School Name

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contacts Name	Relationship	Contact Telephone Number

Will your child be a car rider in the a.m. or p.m.? \_\_\_ Yes    \_\_\_ No

Will your child ride the school bus in the a.m. and p.m.? \_\_\_ Yes    \_\_\_ No

Will your child be picked up or dropped off at a different location? \_\_\_ Yes    \_\_\_ No  
*If so, please provide the information below*

Pickup Address (a.m.):	
Drop off Address (p.m.):	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_