

# EMERGENCY HEALTH INFORMATION CARD



White Bear Lake Area Schools - Transportation Department

4855 Bloom Avenue, White Bear Lake, Minnesota 55110 (651) 407-7538

Please complete this form for each of your children that is transported on a special needs bus.

Student Name  Birth date

Address

City  Zip  Home Phone Number

School Attending  Grade

Mother's Name

Day Time Phone Number  Cell Phone Number

Fathers Name

Day Time Phone Number  Cell Phone Number

Emergency Contact other than Parent:

Name  Phone Number

Name  Phone Number

Nature of Disability  
(please be specific)

Emergency Health Care Information  
(please be specific)

Physician Name  Phone Number

Hospital Preference  Phone Number

Signature  Date

Mail to: White Bear Lake Area Schools  
Transportation Department  
4855 Bloom Avenue  
White Bear Lake, MN 55110

Fax to: (651) 653-2756

Email to: [transportation@isd624.org](mailto:transportation@isd624.org)

Fill out form first, and use  
this button to print

State Law requires the School District to keep an Emergency Health Information Card on the bus for each special needs student transported. A new card is to be filled out each school year or when there are any changes to the information listed. It is important we keep this information as current as possible for your child's safety. Thank You!