



North East Independent School District

10333 BROADWAY - SAN ANTONIO, TEXAS 78217

Department of Transportation

CLIMATE CONTROLLED TRANSPORTATION REQUEST

STUDENT NAME: _____ SCHOOL: _____

STUDENT ID #: _____ DATE OF BIRTH : _____

In order for the above student to be considered to receive Climate Controlled school bus service, the prescribing physician must complete or renew this form annually. A current form must be on file in the Special Needs Transportation Office for this student to be eligible for climate-controlled transportation.

Physical Condition / Diagnosis / Reason for Request: _____

Medications / Conditions Contributing to this Request: _____

Prescribed Temperature Range ($\pm 15^\circ$) for Student's Safety: _____

Medical Symptoms / Untoward Reactions of Child when Temperature Range is not met: _____

In the event that we are temporarily unable to provide climate-controlled transportation, the parent/guardian will be notified as soon as possible so that other arrangements may be made.

<p>_____ DATE COMPLETED / RENEWED</p> <p>_____ PRINTED NAME OF PHYSICIAN</p> <p>_____ SIGNATURE OF PHYSICIAN</p> <p>_____ PHONE NUMBER OF PHYSICIAN</p>	<p>_____ PRINTED NAME OF PARENT</p> <p>_____ SIGNATURE OF PARENT</p> <p>_____ PHONE NUMBER OF PARENT</p>
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COPIES TO: Special Needs Transportation Office, North East ISD Health Services, Parent