

NEWARK GRADE SCHOOL DISTRICT #66 / NEWARK HIGH SCHOOL DISTRICT #18

Bus Accident Policy

I/We, have received, read and understand the Newark Community High School District #18 “Bus Accident Policy”.

SIGNATURE OF PARENT/GUARDIAN

_____ DATE

NAME of STUDENT GRADE

NAME of STUDENT GRADE

NAME of STUDENT GRADE

NAME of STUDENT GRADE

NAME of STUDENT GRADE

NAME of STUDENT GRADE

AFTER A BUS ACCIDENT PARENT REQUEST FORM

CHECK ONLY ONE BOX

YES

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel determine that at least one passenger has a significant injury and must be transferred to an appropriate hospital, I want my child (children) also transported to the hospital to be checked.

This decision is made even though the EMS personnel determine that my child (children) was (were) not injured and was (were) not to be sent to the hospital, I further agree that my request to send my child (children) will be at my expense and not at the expense of the school district.

NO

In the event of a school bus accident in which the Emergency Medical Service (EMS) personnel has determined that my child (children) was (were) **NOT** injured and was (were) **NOT** to be sent to the hospital, I give permission for the EMS personnel to release my child (children) to an authorized school official. I understand that my child (children) will be transported back to NCHS.

SIGNATURE OF PARENT/GUARDIAN

_____ DATE

NAME of STUDENT GRADE

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NAME of STUDENT GRADE

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