

# Johnson Bus Company

## Medical Alert Form

2017/2018 School Year

Place picture  
of student  
here!

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Condition \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Primary Name & Phone Number In Case of Emergency \_\_\_\_\_

Secondary Name & Phone Number In Case of Emergency \_\_\_\_\_

Any questions call Sue Rady at Johnson Bus Company at 262-251-4230.

**PLEASE MAIL COMPLETED FORM TO JOHNSON BUS COMPANY :**

**Attention: SUE RADY**

**JOHNSON BUS COMPANY**

**N87 W17391 Main St.**

**Menomonee Falls, WI 53051**