



Work-based Learning Experience Student Transportation & Emergency Information Form

Personal Data:

Student Name	Telephone
Parent/Guardian Name	Telephone
Parent/Guardian Name	Telephone
Please indicate any other names and phone numbers which should be used in an emergency:	

Transportation Information:

Transportation Arrangements: () Drive Self () Ride with Parent/Guardian () CARTA	
IF DRIVING SELF →	Auto Insurance Company Name:
Policy Holder Name:	Policy Number:
Dates of Coverage:	
Agent's Name:	Agent's Phone Number:

Student Medical Information:

Health/Accident Company:
Policy Holder Name:
Policy Number:
Telephone:
Emergency Contact Person & Phone Number
Physician's Name
Physician's Phone Number:
Allergic to medications? () Yes () No If yes, list medications:
List all medications presently taking:
List any physical or medical limitations:

I, _____, give my permission for _____, to drive his/her self to and from an assigned work-based learning experience.

 Student Signature

 Parent / Guardian Signature