



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 telephone numbers which should be used in an emergency:	

Transportation Information:

Transportation Arrangements: () Drive Self () Ride with Parent/Guardian () CARTA	
IF DRIVING SELF →	Make/Model of Vehicle:
Auto Insurance Company Name:	Policy Holder Name:
Policy Number:	Insurance Phone Number:

Student Medical Information:

Insurance/Accident Company:	
Policy Holder Name:	
Policy Number:	Insurance Telephone:
Physician's Name:	Physician's Telephone:
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 their assigned work-based learning experience worksite.

 Student Signature

 Parent / Guardian Signature