

Walton County School District
School Bus Emergency Form

Parents—Please fill out this form and return it to the driver as soon as possible.—Thank You 😊

School _____ Grade _____ Teacher _____

Student Name _____ Birth Date _____

Notes (special information i.e. allergies etc.) _____

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Student Name _____ Birth Date _____

Notes (special information i.e. allergies etc.) _____

Bus Stop _____ Physical Address _____

Phone Number(s) _____

Parent/Guardian Name _____

Person(s) authorized for pick up in the event of an emergency: _____

***Please remember that identification will be required.**

Parent/Guardian Signature _____ Date _____