

Johnson Bus Company

Medical Alert Form

2016-2017 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