



Dear Parent or Guardian,

- A. Please be sure to fill out **all** the information on the child including **the school** as well as **the pick up and drop off address** prior to giving the medical form to the doctor.
- B. Please have the doctor complete the form **fully** describing the medical condition and how it prevents your child from walking to and from school.
- C. Please note that Medical transportation does **not** entitle your child to require door to door transportation service.
- D. If your child **does not require** door to door transportation your child will be given either yellow bus or RTS transportation, whichever is used for their school
- E. Incomplete information on the child or the medical condition will cause delays in assigning transportation for a qualified student.
- F. Attention Deficit Disorder (ADD), Attention Deficit Hyperactivity Disorder (ADHD), and emotional concerns should be submitted to the Committee on Special Education through your child's school.
- G. All medical transportation request may take up to two weeks to process

Medical forms need to be received in our office by **July 30th** in order to ensure a **qualified** child has medical transportation on the opening day of school. A new form must be completed for each school year. Please send fully completed forms to the address below.

Student Medical Forms:
Interim Health Academy
Attn. Medical Transportation
Coordinator
30 Hart Street
Rochester, NY 14605
Phone: 585-254-1240 Option 3
Fax: 585-324-9931

Parent Medical Forms:
Transportation Department
835 Hudson Avenue Building 1
Rochester, NY 14621
Phone: 585-336-4000
Fax: 585-336-4193

Thank you for your cooperation in this matter.