CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS SCHOOL DISTRICT

DEPARTMENT OF STUDENT SERVICES

Physician's Transportation Appeal Report for Physical/Health Condition School Year: _____

PARENT SECTION:

Student Name: _____ Date of Birth: _____ School: _____

Parent/Guardian: _____ Phone(s): _____

Permission is hereby granted for the Cleveland Heights-University Heights School District Nurse to obtain additional information from my child's healthcare provider to determine eligibility for district transportation services due to a medical condition.

Please note: Eligibility for transportation is not determined solely by physician recommendation. Medical history, documented health plans, ability to participate in gym class/sports, and school attendance record are also reviewed to determine eligibility.

Parent/Guardian signature: _____ Date: _____

HEALTHCARE PROVIDER SECTION:

This student does not qualify for transport to and from school based on the school district transportation policy (transport for elementary students living > 1 mile; middle school students living > 2 miles from school). The parent/guardian is appealing this policy and requesting specialized transportation services based on the students current significant medical condition.

Current Diagnosis/Health Issues:

_____

List Current Diagnosis-Related Medications and Treatment Plan (attach if applicable):

_____

Number of Diagnosis-Related Visits for the last 12 months:

MD office_____ ER Visits: _____ Hospitalizations (dates): _____

In your opinion, do the current manifestations/limitations of this diagnosis indicate a need for specialized transportation differing from the standard policy? (Please give supporting evidence):

_____

_____

_____

Please indicate the time period for transportation if recommended: From: _____ To: _____

Physician Signature: _____ Date: _____

Print Physician Name: _____ Phone: _____

Address: _____ Fax: _____

Please return this form, when completed, to the Head Nurse, Cleveland Heights-University Heights City Schools. The direct fax (to e-mail) is 216-320-3144. If you choose not to fax, please contact the parent to comply with your communication practices. Thank you.