



Cambridge Public Schools

Door-to-Door Transportation Request for Special Medical Circumstances



Instructions: This form must be completed for any student requiring door-to-door transportation due to a special medical circumstance (serious injury or illness, etc.). In an emergency, Principals may submit a request without the required medical documentation, but this must be followed by medical documentation within 5 school days of the initial request.

1. PARENT/GUARDIAN/CAREGIVER SECTION

Parents/Guardians/Caregivers: Please complete this section and ask your child's doctor to complete section 2 or attach a letter containing all requested information.

Student Name: _____ School: _____

Street Address: _____ Zip Code: _____

Physician Name: _____ Tel #: _____

PCP Specialist (area): _____

2. PHYSICIAN SECTION

To be completed and signed by the student's doctor. Or, a separate letter containing all requested information may be attached to this form.

a) Please describe the special medical circumstance requiring door-to-door transportation service:

b) Anticipated Start & End Date

- Students with asthma: November 1 - April 30 of each school year.
- Other conditions -- Start date & Anticipated End Date*: _____

Note: an end date is required. If the student's medical needs change and transportation services need to be extended, updated medical documentation must be submitted to the school principal five (5) days before the scheduled end date to avoid interruption in service.

Physician's Signature _____ Date: _____

3. SCHOOL SECTION

Principal or Designee: Please sign, scan and email the completed form and attachments to Transportation@cpsd.us. Receipt will be confirmed by the end of the next business day.

Signature of Principal/Designee _____ Date: _____

PLEASE NOTE: We will aim to provide transportation within 3-5 school days of receiving the request from the school. Door-to-Door transportation service is subject to driver availability.