



PRYOR PUBLIC SCHOOLS

Bus Registration

Students Name: _____

School Year: _____

Parent/Guardians Name: _____

Parent/Guardians Email: _____

Parent/Guardians Phone Number: _____

So that proper emergency assistance may be provided, I hereby authorize Pryor Public Schools and their personnel in charge of the child named above to obtain all necessary medical care, and I hereby authorize any licensed physician and or medical personnel to render necessary medical treatment.

Permission Granted for emergency medical treatment.

Permission Denied for emergency medical treatment.

Student Medical Condition Put N/A if not applicable.

STUDENTS DATE OF BIRTH: _____

STUDENTS GRADE: _____

HOME ADDRESS: _____

Specific location your student will be picked up and dropped off. (Ex/ Turnout near mile marker 2 on Pryor Creek Road location.) _____

Parent/Guardian Signature: _____