

Operational Services

Exhibit - Emergency Medical Information for Students Having Special Needs or Medical Conditions Who Ride School Buses

The purpose of this form is to give school bus drivers and/or emergency medical technicians information about children who have special needs or medical conditions. One copy of this form is kept in the nurse’s office, and another copy is kept on the student’s school bus in a secure location for bus drivers and emergency medical technicians. If the emergency care of the student requires medication, the parent/guardian must file a *School Medical Authorization Form* with the school nurse.

To be completed by the student’s parent/guardian:

| | | |
|--|-------------------|----------------------|
| _____ | | _____ |
| Student’s Name (<i>Please print</i>) | | Birth Date |
| _____ | _____ | _____ |
| Parent/Guardian’s Name | Home Phone | Cell Phone |
| _____ | _____ | _____ |
| School | Grade | Teacher |
| _____ | _____ | _____ |
| Physician’s Name | Physician’s Phone | School Nurse’s Phone |

My child’s special needs are: (*list behavioral or communication challenges and required responses*)

My child requires medication for: (*describe conditions and circumstances*)

| Medication and Where Kept | Dosage | Directions |
|---------------------------|--------|------------|
| | | |
| | | |
| | | |

Parent/Guardian Signature

Date