

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. This form will be kept with our contracted transportation provider. If the emergency care of the student requires medication, the parent/guardian also must file a *School Medication 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
School	Grade
Physician's Name	Physician's Phone
	Cell Phone
	Teacher
	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

Superintendent, Director of Support Services, and Pinks' Bus Service Review April 2015