

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
School	Cell Phone
Physician's Name	Grade
Physician's Phone	Teacher
School Nurse'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
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REPLACE: 4:170-E3
 AMENDED: August 20, 2012
 RENUMBERED: September 22, 2014 from 4:170-AP1,E3