OPERATIONAL SERVICES

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

BUS RIDERS' FORM

The purpose of this form is to give school bus drivers and/or emergency medical technicians information about students who have medical conditions or special needs. 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.

Please use a separate form for each child. Update yearly. Return in person or by mail to your child's school.

_____ _____
Name of minor child Birth Date

_____ _____ _____
Parent/Guardian's Name Home Phone Cell Phone

_____ _____ _____
School Grade Teacher

_____
School Nurse's Phone

EMERGENCY MEDICAL CARE FOR YOUR CHILDREN

Parents need to do everything possible to make sure they can be reached at all times. But occasionally, the reality of traveling or shopping makes this impractical. Therefore, an authorization form such as this should be completed for each child. Copies need to be left with any adult who cares for your child – babysitters, teachers or school principals, relatives, etc.

AUTHORIZATION OF CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD

I (we), _____, parent/legal guardian of

_____, a minor born _____,
(date)

residing at _____,
(full address)

telephone number _____, consent to medical, surgical or diagnostic procedures the

physician deems necessary to be rendered to this minor when the need for such treatment is immediate.

CHILD'S DOCTOR:_____ CITY: _____ PHONE:_____

PARENT'S DOCTOR:_____ CITY:_____ PHONE:_____

Allergies to medicine: _____

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Child's medical history: _____

Date of child's most recent Diphtheria/Tetanus (DT/Td) booster: _____

_____ _____
Signature of parent/legal guardian Date

Others to be notified:

_____ _____
Name Name

_____ _____
Address Address

_____ _____
Phone Phone

If relevant, special circumstances under which medication should be given:

Student's special needs – medical or behavioral challenges:

Expected communication challenges:

How to respond to student's special needs:

By initializing below:

_____ I acknowledge that if the emergency care of my child involves medication, I have filed a School Medical Authorization Form with the school nurse.

_____ I authorize the School District, and its employees and agents, to take the action they believe is appropriate under the circumstances.

_____ I agree to indemnify and hold harmless the School District, and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of the emergency care of my child.

_____
Parent(s)/Guardian(s) Printed Name

_____ _____
Parent(s)/Guardian(s) Signature Date

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