

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 students 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 (*Please print*)

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

Developed: January 2013

Last revised: July 8, 2019

