

# BUS MEDICAL FORM

## *FOR BUS RIDERS ONLY!*

Dear Parent,

If your child has a medical problem the bus driver should be aware of, please fill out the form below and return it to your child's school. Medical services will process the forms and get them to the designated bus drivers.

***NOTE: This form is forwarded to your child's bus driver only if you mark that emergency medical treatment would be required with written description of the action the bus driver should take.***

Thanks for your cooperation, *Your School Nurse*

Student: \_\_\_\_\_ Bus #: \_\_\_\_\_

Address: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom/TAG Teacher: \_\_\_\_\_

Parent (1): \_\_\_\_\_ Parent (2): \_\_\_\_\_

Health Problem(s): \_\_\_\_\_

\_\_\_\_\_

Would student's health problem(s) ever require emergency treatment?

\_\_\_\_ Yes \_\_\_\_ No **If yes, Explain the appropriate action that you would like for the bus driver to take:** \_\_\_\_\_

\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

***\*\*\*By signing this form you are giving your permission for your child's health information to be shared with your child's bus driver, if an occasion arises that requires a parent to be contacted, the bus driver will notify your child's school and the school will notify you.***