

If your child has a health or medical condition that could potentially cause a life-threatening emergency while being transported by school bus, please complete this form. The information will be shared with your child's bus driver.

Tishomingo County School District

1620 Paul Edmondson Drive
Iuka, MS 38852
(662)423-3206

Student Name: _____ DOB: _____

School: _____ Grade: _____

Parent/Guardian: _____

Student Address: _____

Bus #: _____

Parent/Guardian Phone #: _____

Other Emergency Contact: _____

EC Phone #: _____

Health/Medical Condition(s):

Severe Food, Medication, or Environmental Allergies

Explain: _____

Asthma Do you require an inhaler? Yes No

Seizures Are you prescribed Diastat? Yes No

Heart Conditions

Explain: _____

Diabetes Type 1 ___ Type 2 ___

Insulin Use? Yes No

Vision or Hearing Problems

Other Potential Emergency Issues or Concerns: _____

Signature: _____ Date: _____