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 luka, MS 38852 (662)423-3206

Student Name:		DOB:
		Grade:
Bus #:		
Parent/Guardian F	Phone #:	
	*	
	He	ealth/Medical Condition(s):
	☐ Severe Fo	od, Medication, or Environmental Allergies
Explain: _		
	☐ Asthma	Do you require an inhaler? Yes No
	☐ Seizures	Are you prescribed Diastat? Yes No
		☐ Heart Conditions
Explain:		
	☐ Diabete	es Type 1 Type 2
		Insulin Use? Yes No
☐ Vision or Hearing Problems		
Other Potential Emergency Issues or Concerns:		
Signature:		Date:

Please understand that the bus driver's primary responsibility is to safely transport students. Bus drivers do not provide first aid or medical treatment. Drivers are to identify emergency situations as soon as possible, so that they can seek appropriate and timely assistance for a student in need.

Updated 5/2024