



# HOLLISTON Public Schools

Sam Placentino School  
235 Woodland Street  
Holliston, MA 01746  
P (508) 429-0647  
F (508) 429-0691

Fred W. Miller School  
235 Woodland Street  
Holliston, MA 01746  
P (508) 429-0667  
F (508) 429-0699

Robert Adams Middle School  
323 Woodland Street  
Holliston, MA 01746  
P (508) 429-0657  
F (508) 429-0690

High School  
370 Hollis Street  
Holliston, MA 01746  
P (508) 429-0677  
F (508) 893-6053

## **Student Emergency Transportation Information**

Student Name: \_\_\_\_\_

Bus/Minivan #: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Medical Condition/Allergy Information: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Numbers: Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Home: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above, you are authorizing the release of the above medical information to the HPS Nurses/staff, Transportation Coordinator/Drivers, and necessary employees of the contracted bus company.

***Please complete this section and return to your student's Health Office.***

Standard Action Plans on Reverse Side for Transportation Drivers

## **STANDARD ACTION PLANS**

1) **Allergic Reaction:** An example of symptoms include - difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of any body part.

❖ **Action Plan:** *Pull over, immediately call 911. If student has known allergy and self carries EpiPen, assist student with self administration, support and monitor student.*

2) **Asthma:** Student with known asthma experiences difficulty breathing, wheezing, or shortness of breath. Could be a result of an allergic reaction.

❖ **Action Plan:** *Pull over, immediately call 911 and, if student self carries inhaler and able to self administer, support and monitor student.*

3) **Diabetes:** Low blood sugar reaction - hunger, sweaty, pale, feels shaky, headache.

❖ **Action Plan:** Allow student to drink a juice box/diabetic supply from emergency snack pack. Call student's parent/guardian. If no change in symptoms in 5 minutes - **call 911.**

4) **Seizure:** Altered consciousness, involuntary muscle stiffness or jerking movements, drooling/foaming at the mouth, temporarily halt in breathing, loss of bladder control.

❖ **Action Plan:** *Pull over, immediately call 911.* Protect student from falling/assist to a safe position on the floor. Never put anything in student's mouth.