

Emergency Information Record - Bus

Parents:

If your child has a potentially life threatening medical condition, please complete this for informational purposes and return to your child's school. Examples of these conditions are diabetes, heart problems, severe seizures, asthma, and allergies. Designated school staff will distribute to your child's bus driver(s). Should you need additional forms, feel free to duplicate or obtain one on the Roanoke County Public Schools website at www.rcs.k12.va.us

Bus Number		School Year	
LAST NAME:		FIRST NAME:	
PARENT/GUARDIAN NAME:		HOME PHONE:	DATE OF BIRTH:
ADDRESS:		CITY:	STATE: ZIP CODE:
MOTHER'S WORK PHONE:	FATHER'S WORK PHONE:	DRUG ALLERGIES: List	
MOTHER'S CELL PHONE:	FATHER'S CELL PHONE:		
EMERGENCY CONTACT (Parent not available): Name/Phone		<input type="checkbox"/> Life Threatening Allergies: List: _____ _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Other: _____	
EMERGENCY CONTACT (Parent not available): Name/Phone			
STUDENT'S PHYSICIAN/PHONE:			
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT/PHYSICIAN ARE NOT AVAILABLE:		Comments: _____ _____	
<p>If an emergency should occur, I understand that 911 may be contacted. This information may be shared with school personnel and emergency medical services as deemed necessary.</p>			
PARENT SIGNATURE:		DATE:	