

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

Tishomingo County School District

1620 Paul Edmondson Drive
Iuka, MS 38852
(662)426-3206

Student Name _____ Date of Birth _____
School _____ Grade _____
Parent/Guardian _____ Phone _____
Student Address _____
Other Emergency Contact Name _____ Phone _____

Medical Conditions

Severe Food, Medication, or Environmental Allergy

- Is an Epi-pen required? Yes No
- Specify _____

Asthma

- Does the student carry an inhaler? Yes No
 - If yes, please have your student keep inhaler in a specified location in their bag.
 - Location of medication _____

Seizures

- Does the student carry emergency seizure medication? Yes No
 - If yes, please have your student keep medication in a specified location in their bag.
 - Location of medication _____

Heart Conditions

- Specify _____

Diabetes

- Type 1 Type 2
- Does the student carry insulin or emergency glucagon?
- If yes, please have student keep medication in a specified location in their bag.
- Location of medication _____

Vision/Hearing problems

Other potential issues or concerns

Parent Signature _____ Date _____

School Nurse Signature _____ Date _____

Bus Driver Signature _____ Date _____