

PLACE
STUDENT
PHOTO
HERE

STUDENT MEDICAL INFORMATION FOR BUS DRIVERS

Student Name: _____

Bus # and Driver: _____

School/Grade/Homeroom: _____

Medical Concern (circle or check if applies)	Required emergency supplies	Supplies in a backpack with the student?
Diabetic	Sugar source	YES NO
Allergies	EpiPen	YES NO
Asthma	Inhaler	YES NO
Seizures	Other-	YES NO

Other medical concerns? _____

Signs to look for: _____

Call 911 if the following occurs: _____

Call the parent if the following occurs: _____

Emergency Contacts

Name		Name	
Relationship		Relationship	
Cell phone		Cell phone	
Alt phone		Alt phone	

I understand that this information will be kept on my child's school bus and that I will update it as my child's needs change.

Parent signature: _____ Date: _____

Received by Transportation Dept on: _____ (Date), By: _____ (Bus Driver Initials)

Health Services Reviewed on: _____ (Date), By: _____ (Campus Nurse Initials)