



SCHOOL BUS EMERGENCY MEDICAL INFORMATION FORM

Note: The school nurse is not present during before or after school programs or transportation.

School: _____ Bus #: AM _____ PM _____

Student Name: _____ Date of Birth: _____

Address: _____

Parent/ Guardian Name: _____ Cell #: _____ Work/Home #: _____

Parent/ Guardian Name: _____ Cell #: _____ Work/Home #: _____

My child has the following medical condition that may require immediate attention (911) on the school bus.
Please check all that apply:

☐ Allergy to _____ which requires an Epi-Pen or Epi-Pen Jr.

☐ Asthma ☐ Diabetes ☐ Seizures ☐ Other: _____

EMERGENCY ACTION PLANS

Allergic Reaction: (examples of some of the symptoms may include) Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, vomiting, hives, itching, swelling of any body part.

- **Action Plan:** Call 911 immediately and assist the child in using their Epi-Pen if prescribed and available.

Asthma: Student has difficulty breathing, wheezing, and shortness of breath.

- **Action Plan:** If the student has their inhaler, allow them to use it and call 911 immediately.

Diabetes: Low blood sugar symptoms include hunger, sweaty, pale, feels shaky, headache.

- **Action Plan:** Allow student to drink a juice box or regular soda, or eat glucose tablets or a snack from their emergency supplies and call 911 immediately.

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

- **Action Plan:** Protect the student from falling, remove hard objects around the student if able. Call 911. Never put anything in the student's mouth.

Child Specific Instructions (if applicable): _____

Parent/ Guardian Signature: _____ Date: _____