

# Student Medical Information for Bus Drivers

In the event of an emergency, it may be necessary for your student's bus driver to be able to give significant medical information to emergency personnel. All medical information will be kept confidential. This form is due to your child's bus driver the first week of school.

Student's Name: \_\_\_\_\_

Student's Grade: \_\_\_\_\_

School Student Attends: \_\_\_\_\_

Morning Bus #: \_\_\_\_\_ Afternoon Bus #: \_\_\_\_\_

My child's bus driver needs to be aware that my child has one or more of the following medical conditions.

\_\_\_\_\_ Life Threatening Food Allergies

\_\_\_\_\_ Other Life Threatening Allergies

\_\_\_\_\_ Seizure Disorder

\_\_\_\_\_ Diabetes

**Drivers have been informed to call 911 for Breathing Issues or Chest Pain.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_