

## Emergency Medical Information for Students Having Special Needs or Medical Conditions Who Ride School Buses

The purpose of this form is to give school bus drivers and/or emergency medical technicians information about children who have special needs or medical conditions. One copy of this form is kept in the nurse's office and another copy is kept on the student's school bus in a secure location for bus drivers and emergency medical technicians. If the emergency care of the student requires medication, the parent/guardian must file a *School Medical Authorization Form* with the school nurse.

*To be completed by the student's parent/guardian:*

Student's Name <i>(Please print)</i>	Birth Date
Parent/Guardian's Name	Home Phone
School	Cell Phone
Physician's Name	Grade
Physician's Phone	Teacher
School Nurse's Phone	

**My child's special needs are:** *(list behavioral or communication challenges and required responses)*

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**My child requires medication for:** *(describe conditions and circumstances)*

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Medication and Where Kept	Dosage	Directions

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

***By initialing below:***

I acknowledge that if the emergency care of my child involves medication, I have filed a School Medical Authorization Form with the school nurse.

I authorize the School District, and its employees and agents, to take the action they believe is appropriate under the circumstances.

I agree to indemnify and hold harmless the School District, and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of the emergency care of my child.

\_\_\_\_\_  
Parent(s)/Guardian(s) Printed Name

\_\_\_\_\_  
Parent(s)/Guardian(s) Signature

\_\_\_\_\_  
Date