Current picture if available.

TRANSPORTATION COMMUNICATION FOR STUDENT WITH HEALTH CARE SAFETY NEEDS

Student Name: _____ School Year: _____

School: _____ Bus # _____

Parent Name: _____ Parent Ph. #: _____

School Contact: _____ School #: _____
(Secretary unless otherwise specified)

Description of Medical Concern(s) that may affect bus ride (include known allergies):

Allergy to: _____

_____

In An Emergency

If you don't know what to do, and the child is in danger . . .	**Pull over and call 911. Then follow-up with dispatch .**
If You Observe:	**Then you Should:**
Mild symptoms: itchy mouth, a few hives around mouth/face, mild itch, or mild nausea/discomfort. *Shortness of breath, wheezing, repetitive cough, pale, blue, faint, dizzy, confused, hoarse, trouble breathing/swallowing, tongue and/or lip swelling/obstruction, many hives on body, swelling eyes, itchy rash, vomiting diarrhea, crampy pain.	Call dispatch/parents. Do not leave student alone and monitor for increased symptoms. Have parent pick up student. *Inject epi pen immediately. Call 911 or drive directly to emergency room. Monitor symptoms until EMS arrive.

Form completed by: _____ Phone #: _____

The information provided above is not a health care plan but reflects emergency guidance for students with an Individual Health Care Plan and/or individual safety needs on the bus. More detailed plans are available and training may be provided by the school nurses. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.

If available, please attach a current picture of the student to this form.

Parent Signature: _____ Date: _____

8/2015