

STUDENT INFORMATION SHEET FOR SCHOOL BUS

This form will be kept on your child's school bus and given to EMS in case of emergency.
 A copy will also be kept in the Transportation Office.

Thank you for completing and returning this form to the bus driver or school office.

_____ / _____ / _____
 Student Name Student's Birth Date Bus #

Address _____
 Street or Road Number Town Zip

EMERGENCY MEDICAL AUTHORIZATION

In order to better serve you and to offer the best protection and safety for your child, please list the names and phone numbers of individuals we should contact in an emergency situation.

Relationship	Emergency Contacts	Name	Number(s)
	First Contact		# 1 Phone: _____ # 2 Phone: _____
	Second Contact		# 1 Phone: _____ # 2 Phone: _____
	Third Contact		# 1 Phone: _____ # 2 Phone: _____
	Preferred Hospital		
	Preferred Doctor		

Emergency Medical Situations (check either Part 1 or Part 2)

____ **Part 1: Consent:** I hereby give my consent for the administration of any treatment deemed necessary in the event of a medical emergency. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. **LIST BELOW FACTS CONCERNING THE CHILD'S MEDICAL HISTORY A DOCTOR SHOULD BE ALERTED TO.**

Medical History: _____

Allergic Reaction to _____

Medications taken daily: _____

____ **Part 2: Refuse Consent:** In a medical emergency situation, what do you want school personnel to do?

To the best of my knowledge, all information provided on this form is true and correct.

Parent/Guardian Signature _____ Date _____

This form is **VOID** without the Parent/Guardian Signature