

**Operational Services**

**Exhibit - Emergency Medical Information Form for Students with 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.

*To be completed by parent(s)/guardian(s):*

Student's Name <i>(Please print)</i>	Birth Date
Home Phone	Emergency Phone
School	Grade
Physician's Name	Office Phone
	Emergency Phone

Medications student is taking	Dosage	Time to administer
1.		
2.		
3.		

If relevant, special circumstances under which medication should be given:

Student's special needs – medical or behavioral challenges:

Expected communication challenges:

How to respond to student's special needs:

***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

*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.*

Adopted: May 15, 2006

Approved: March 21, 2007