

**Operational Services**

**Exhibit - 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 students 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	Cell Phone
_____	_____	_____
School	Grade	Teacher
_____	_____	_____
Physician’s Name	Physician’s Phone	School Nurse’s Phone

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medication and Where Kept	Dosage	Directions

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

\_\_\_\_\_  
Date