NASHOBA Regional School District

SCHOOL BUS MEDICAL EMERGENCY FORM – May be submitted by parent/guardian to provide bus company with information on student's medical condition(s) – NOT REQUIRED

School:_____ Bus # A.M._____ P.M._____

Student name: _____

Address: _____ Home phone: _____

Parent/guardian name: _____ Please attach photo of student:

Cell phone: _____ Work phone: _____

Parent/guardian/contact name: _____

Cell phone: _____ Work phone: _____

My child has the following medical condition that may need immediate attention (EMS – 911) on the school bus:

ALLERGY TO: _____

Requires: _____ (auto-injector) Carries medications? _____ Located where? _____

Action Plan: For allergic reaction (examples of symptoms include: difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of face, lips, tongue). If the student has an epinephrine auto-injector have them use it if they are able, and call 911.

ASTHMA: Requires: _____ inhaler Carries medications? _____ Located where? _____

Action Plan: For difficulty breathing, wheezing, and shortness of breath. If the student has an inhaler, have them use it. If no relief of symptoms in five (5) minutes, call 911. If no inhaler available, call 911 immediately.

DIABETES: Emergency snack/juice/glucose tabs are located where? _____

Action Plan: For low blood sugar symptoms (hunger, sweating, pallor, shakiness, headache, confusion). Allow student to drink a juice box or regular soda, or eat glucose tablets or a snack from their emergency snack pack. Have student test their blood glucose level and record number. If no change in symptoms in five (5) minutes -call 911 and have child repeat all of the above.

SEIZURES: Requires: _____ Carries medications? _____ Located where? _____

Action Plan: For seizure activity (altered consciousness, involuntary muscle stiffness or jerking movements, drooling/ foaming at the mouth, temporary halt in breathing, loss of bladder control). Prevent student falling, move objects away, protect from injury and call 911. Never put anything into the student's mouth.

OTHER: and/or please add child-specific instructions: _____

_____

Parent Signature: _____ **Date:** _____

PLEASE MAIL DIRECTLY TO : Dee Bus 290 Langen Road, Lancaster, MA 01523

Please submit this form to : Dee Bus Company 33 Great Road, Shirley, MA 01464