

MIFFLIN COUNTY SCHOOL DISTRICT

201 Eighth Street - Highland Park

Lewistown, Pennsylvania 17044

TELEPHONE (717) 248-0148

FAX (717) 248-5345

David S. Runk, Superintendent

Dr. John J. Czerniakowski, Assistant Superintendent
Edward R. Curry, Director of Middle Level Education
Sean A. Daubert, Chief Financial Officer

Tracey M. Jones, Director of Special Education
James S. Weaver, Jr., Business Manager
Lisa L. Lyles, Director of Human Resources

PROCEDURES TO FOLLOW FOR MEDICAL EMERGENCY WHILE BEING TRANSPORTED TO AND FROM SCHOOL

Dear Parent:

In an attempt to better serve your child in the event of a medical emergency while on school transportation to/from school, we would ask that you complete the form below. **If your child is at a greater risk for a medical emergency while being transported to and from school, complete all sections of this form.**

This form must be completed and returned to your child's school nurse.

SECTION I:

<u>Name of Student:</u> <div style="display: flex; justify-content: space-around; border-top: 1px solid black; margin-top: 10px;"> First Middle Last </div>	<u>Address of Student:</u>
<u>School:</u>	<u>Bus/Van Number:</u>

Signature of Parent/Guardian

Date



SECTION II:

<u>EMERGENCY TELEPHONE NUMBERS</u> <small>(SOMEONE MUST BE AT ONE OF THE NUMBERS LISTED BELOW DURING THE TIME OF TRANSPORTATION TO AND FROM SCHOOL)</small>	
<u>Parent/Guardian Phone Number(s):</u>	<div style="display: flex; justify-content: space-between;"> _____ HOME _____ CELL </div>
Mother's Name _____	<div style="display: flex; justify-content: space-between;"> _____ WORK (Mother) _____ CELL </div>
Father's Name _____	<div style="display: flex; justify-content: space-between;"> _____ WORK (Father) _____ CELL </div>
Guardian's Name _____	<div style="display: flex; justify-content: space-between;"> _____ WORK (Guardian) _____ CELL </div>

<u>Emergency Contact Person(s):</u>	<u>Phone Numbers:</u>
Name/Relationship to Child _____	<div style="display: flex; justify-content: space-between;"> _____ HOME _____ CELL </div>
Name/Relationship to Child _____	<div style="display: flex; justify-content: space-between;"> _____ HOME _____ CELL </div>
Name of Child's Physician _____	<div style="display: flex; justify-content: space-between;"> _____ HOME _____ CELL </div>

SECTION III:

A.	<u>Child's Medical Condition:</u>
B.	<u>What would the driver observe in the event of a medical concern/emergency with your child on the bus/van?</u>
C.	<u>Is medication available to the bus/van driver in case of an emergency? If so, where is it kept?</u>
D.	<u>What is the driver expected to do to help your child with a medical problem on the bus or at the bus stop?</u> 1 st _____ 2 nd _____ 3 rd _____ 4 th _____

I give permission to distribute a copy of this completed form to my child's bus/van driver.

Signature of Parent/Guardian

Date

Distribution of this completed form is as follows:
Two copies sent to the Coordinator of Transportation
Original form will remain on file with the School Nurse

Revised: 8/08