

MIFFLIN COUNTY SCHOOL DISTRICT

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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> _____ _____ _____	<u>Address of Student:</u> _____ _____ _____
First Middle Last	
<u>School:</u> _____	<u>Bus/Van Number:</u> _____

Signature of Parent/Guardian

Date



SECTION II:

<u>EMERGENCY TELEPHONE NUMBERS</u> <i>(SOMEONE MUST BE AT ONE OF THE NUMBERS LISTED BELOW DURING THE TIME OF TRANSPORTATION TO AND FROM SCHOOL)</i>	
<u>Parent/Guardian Phone Number(s):</u> _____	_____ HOME _____ CELL
Mother's Name _____	_____ WORK (Mother) _____ CELL
Father's Name _____	_____ WORK (Father) _____ CELL
Guardian's Name _____	_____ WORK (Guardian) _____ CELL

<u>Emergency Contact Person(s):</u> Name/Relationship to Child _____ Name/Relationship to Child _____ Name of Child's Physician _____	<u>Phone Numbers:</u> _____ HOME _____ CELL _____ HOME _____ CELL _____ HOME _____ CELL
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- CONTINUED ON REVERSE SIDE -

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: 9/12

Educate each student to meet life's challenges.