MIFFLIN COUNTY SCHOOL DISTRICT

201 Eighth Street - Highland Park
TELEPHONE (717) 248-0148 Lewistown, Pennsylvania 17044 FAX (717) 248-5345

School Transportation Medical Emergency Information

In an attempt to better serve your child in the event of a medical emergency while on school transportation to/from school, please complete the form below and return it to your child's school nurse.

Student Name: _____ Date of Birth: _____

School: _____ Bus/Van Number: _____

Medical Information

Medical Concern *(check all that apply)*	Signs of An Emergency	How can the Bus Driver help the student?
o **Diabetes**		
o **Life Threatening Allergy**		
o **Asthma**		
o **Seizure Disorder**		
o **Heart Condition**		
o **Other: (please describe)**		

The driver's primary responsibility is to safely transport students. **Drivers are not permitted to administer medication.** If drivers are able to identify emergency situations as early as possible, they can seek appropriate and timely assistance. If any situation arises related to your child's health condition, the driver or bus company will notify a parent or guardian.

After a medical-related event, can the student be left at home unattended? Circle YES or NO

Emergency Contacts

	Parent/Guardian #1	**Parent/Guardian #2**
Name		
Relationship		
Cell Phone		
Work Phone		

As a parent/guardian, I understand that this information will be held on my child's bus. I am responsible for updating this form for any changes in medical conditions or if my child changes transportation.

Parent/Guardian Signature: _____ Date: _____