

Authorization for the collection of this information is in the Education Act. the purpose is to administer medication to students in the event of an emergency. Users of this information may be principals, teacher, support staff, volunteers, bus operators and drivers. This form will be kept for a minimum period of two school years and then shredded. Contact person concerning this collection is the Transportation Officer. Life Threatening Conditions Information Management (Bussing)

**Life Threatening Conditions Information Management Plan**  
(In school, field trips, bussing)

**STUDENT INFORMATION**

(to be completed by parents and school)

BUS OPERATOR: \_\_\_\_\_ Bus Route: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ Birth Date: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_

Home Location: \_\_\_\_\_

Postal Code

Mailing Address: \_\_\_\_\_

Postal Code

Home Telephone: \_\_\_\_\_ Medic Alert I.D. \_\_\_\_\_

Name of Father: \_\_\_\_\_ Business No. \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Business No. \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No. \_\_\_\_\_

OHIP #

**MEDICAL INFORMATION**

Medical Concern \_\_\_\_\_

Symptoms \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Additional Instructions or Information \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

**I give my permission for this medical information to be accessible by the school and on the school bus and shared with the appropriate personnel.**

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

Date:

**STUDENT PHOTO**

**PARENT/GUARDIAN COMMITMENTS**

- Complete Life Threatening Management and Prevention Plan in conjunction with Principal or designate
- Provision of Recent Photo
- Complete Emergency Action Plan

**PARENT AGREEMENT**

I, \_\_\_\_\_, acknowledge my participation in assisting School Board staff in the collection of information on life threatening conditions for students utilizing the transportation and agree to execute reliably the parent commitments listed. I give my consent for the staff or bus driver servicing \_\_\_\_\_ School to execute the plan. I understand that this plan will be reviewed annually and I will update the school if circumstances change before review.

I/We acknowledge that it is neither the objective nor purpose of the school staff or bus driver to administer medication to students and understand that the school is prepared to undertake this activity as a last resort. In the event of an emergency, I authorize the appropriate school staff or the bus driver to administer the designated medication and obtain suitable medical assistance. I agree to assume responsibility for all costs associated with medical treatment

**NEXT PAGE - IMPORTANT**

