

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

