

Crown Point Community School
Medical Bus Transportation Form
School Year _____

Student Information

Student Name _____ Birthdate _____
School _____ Grade _____
Home Address _____
Mother/Guardian Name _____
Phone: _____ (please circle) Home/Work/Cell
Phone: _____ (Please circle) Home/Work/Cell
Father/Guardian Name _____
Phone: _____ (please circle) Home/Work/Cell
Phone: _____ (please circle) Home/Work/Cell
Physician Name _____ Phone: _____
Student allergies (med, foods, etc.) _____

Parent/Guardian: Please complete this form for reference if a medical emergency would occur with your child on the bus. A copy will be kept in the transportation office & with the bus driver.

Please check the medical condition(s) your child has and what treatment may be required:

___ Asthma: Inhaler administered ___ Yes ___ No
___ Diabetes: ___ Snack (i.e. juice/pop/crackers, etc.)
___ glucose tabs
___ Seizure Disorder: Diastat administration ___ Yes ___ No
Other _____
___ Severe Allergy/Anaphylaxis: Benadryl administration ___ Yes ___ No
Epi-Pen administration ___ Yes ___ No
Other _____
___ Other: _____

Standard Care Of Student During Emergency Situation On Bus

- 1. Stop the bus when safe to do so.
2. Gen Ed Bus a.) When the bus is stopped, the driver will check the status of student.
b.) If emergency services are needed, the bus driver will notify the transportation office with student & medical information requested for 911 call & parent notification.
Special Ed Bus a.) When the bus is stopped, the bus monitor will check the status of the student.
b.) If emergency services are needed, the bus monitor will inform the bus driver, who will then notify the transportation office with the student & medical information requested for 911 call & parent notification.
3. Stay calm & maintain student safety while waiting for emergency medical services.
4. Initiate CPR, if needed.

Additional Transportation Protocol for these Medical Conditions:

- Asthma:** 1. Allow student to use inhaler, if available, on bus if student complains of breathing difficulty.
2. If the student is having an asthma attack or difficulty breathing without an inhaler, stay calm & encourage student to slow breathing. (If available, give student a small, paper bag to breathe into. This will help to slow breathing.)
3. If student faints, get student to floor safely & stay with student.
4. Follow standard care of student during emergency situation as described previously on form.

Additional Instructions: _____

- Diabetes:** 1. Allow student with diabetes to eat snacks & drink beverages on bus.
2. If student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity/convulsions, initiate standard care of student during emergency situation as described previously on form.

Additional Instructions: _____

- Seizure Disorder:** 1. Stay calm & track time. (Note start time and end time of seizure.)
2. Initiate standard care of student during emergency situation as described previously on form.
3. Keep student safe & protect head.
4. Move student to floor & turn student to left side, if able.
5. Do not restrain.
6. Inform paramedics of seizure length or if the student had repeated seizures, breathing difficulty &/or got injured.

**** If Diastat on bus with student, give to paramedic to administer.**

Description of seizure symptoms: _____

Additional Instructions: _____

Severe Allergy/Anaphylaxis: If the student has any of these severe symptoms after eating the food or having a sting, initiate standard care of student during emergency situation, as described previously on form, & administer Epi-Pen &/or Benadryl, if available:

- Shortness of breath, wheezing, coughing
- Skin color is pale or bluish
- Weak pulse
- Fainting or dizziness
- Tight or hoarse throat
- Trouble breathing or swallowing
- Swelling of lips or tongue
- Vomiting or diarrhea (if severe or combined with other symptoms)
- Many hives or redness over body
- Feeling of doom, confusion, altered consciousness or agitation

Additional Instructions: _____

Parent/Guardian Signature _____ date: _____
School Nurse Signature _____ date: _____
Bus Driver's Signature _____ date: _____
Bus Monitor's Signature _____ date: _____

