

Communication of Full-time Student Health Needs to Transportation Coordinator

Dear Parent/Guardian,

As transportation staff may change, or be substituted, it may be important for your child's bus driver to know of your child's medical condition and emergency contact information. This form will serve to communicate any special health concerns or treatments to your child's bus coordinator. Return this form to the school nurse either in person, mail or e-mail (lzipparo@capemaytech.com). Please do not return this form with your child as such papers may be lost in transit.

If your child does not have any medical condition(s), that the bus driver needs to be aware of, you do not need to complete this form.

Sincerely,
Lynda Zipparo, School Nurse

***** Parent/Guardian complete the information below and return to the school nurse *****

Student's name (print): _____ D.O.B. ____/____/____ Grade: _____

Name of Bus Transportation Company: _____ Bus number: _____

Check the emergency medical condition your child has:

- Seizure Disorder List medications taken to control seizures, if any: _____

- Insulin Dependent Diabetic: Must have glucose source available (i.e. glucose gel, honey, cake icing)
- Asthmatic needs to carry inhaler: Name of inhaler: _____ Dose:# ___ inhalations taken
- Life Threatening Allergy** to the following: Needs to self-administer epinephrine if exposed to:
Allergic to: Food(s): _____ Insects/bees: _____ Other: _____
- Medication allergies: List: _____
- Bleeding Disorder: name/type of disorder: _____
- Other medical condition(s) you want the bus driver to know: _____

In emergency contact: Parent/Guardian: _____
Telephone(s) Home: _____ Work: _____ Cell: _____
Street Address: _____ City/town: _____

If unable to reach parent or guardian, contact:
Name: _____ Telephone: Home: _____ Work: _____ Cell: _____

Your child's Primary Care Physician's name: _____ Telephone: _____