

**Colchester Public Schools**  
**Emergency Medical Information Release Form For Bus Drivers**

If your child has a medical condition that could potentially cause a life threatening emergency while he/she is being transported by the school bus, please advise the applicable school nurse by completing the form below. This form serves as a release for the school district to provide the medical information provided to the district's bus company *It is the responsibility of the parent or guardian to provide the School Nurse with this information.*

If applicable, please complete the form below and return the form to the School Nurse at the school your student attends. A copy of the form will be forwarded to the district's bus company and the medical information will be relayed to your child's bus driver by the bus company.

**A new form must be submitted every school year.**

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**STUDENT NAME:** \_\_\_\_\_ **DATE of BIRTH:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **BUS #:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**MEDICAL CONDITION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**POTENTIAL EMERGENCY, EXPECTED SYMPTOMS or OBSERVATIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DOES YOUR CHILD CARRY AN EpiPen®?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, WHERE IS IT KEPT (POCKET, BACKPACK, ETC.):** \_\_\_\_\_

Please understand that the bus driver's primary responsibility is to safely transport students. Bus drivers do not provide first aid or medical treatments. However, all of the school district's bus company drivers are trained in the use of an EpiPen® and are authorized to use a student's personal EpiPen® if an allergic emergency (anaphylaxis) occurs. The purpose of this document is to provide the bus drivers with information which would assist them to identify emergency situation as early as possible so that the appropriate medical assistance can be contacted in a timely manner.

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT PHONE #s:** **CELL:** \_\_\_\_\_ **HOME:** \_\_\_\_\_

**SCHOOL NURSE USE ONLY:**

**DATE RECEIVED:** \_\_\_\_\_ **DATE FORWARDED TO BUS CARRIER:** \_\_\_\_\_