BUS MEDICAL FORM

FOR BUS RIDERS ONLY!

Dear Parent.

If your child has a medical problem the bus driver should be aware of. please fill out the form below and return it to your child's school. Medical services will process the forms and get them to the designated bus drivers.

NOTE: This form is forwarded to your child's bus driver <u>only</u> if you mark that emergency medical treatment would be required with written description of the action the bus driver should take.

Thanks for your cooperation. *Your School Nurse*

Student: _____ Bus #: _____

Address: _____ School: _____

Grade: _____ Homeroom TAG Teacher: _____

Parent (1): _____ Parent (2): _____

Health Problem(s): _____

_____

_____

Would student's health problem(s) ever require emergency treatment?
_____Yes _____No **If yes, Explain the appropriate action that you would like for the bus driver to take**: _____

_____

_____

Parent's Signature: _____

****By signing this form you are giving your permission for your child's health information to be shared with your child's bus driver, if an occasion arises that requires a parent to be contacted, the bus driver will notify your child's school and the school will notify you.*

BUS RULES

- Stay seated when the bus is in motion.
- Never push when you enter or exit the bus.
- Never stick your head, hands or feet out the window.
- Do not stand in the aisle, stay in your seat until the bus comes to a complete stop.
- Keep the bus clean, no eating or drinking on the bus. Keep the aisle free of backpacks and other belongings.
- No faul language or shouting.
- Always cross the street in front of the bus where the driver can see you.
- Stay a safe distance away from the side of the bus.
- Only get off the bus at your designated stop.

ALWAYS FOLLOW INSTRUCTIONS FROM THE BUS DRIVER!