

Health Questionnaire for Bus Personnel

To ensure the safety of your student while traveling to and from school on transportation provided by your local school district, please share the following information with your student's driver and aide. If your student has a current emergency medical action plan on file, a copy of the action plan will be provided to transportation staff.

Student's Name: _____

- My child has allergies (food, medication, bee stings): ☐ Yes ☐ No

If "yes", what is the allergy? _____

Action to be taken by bus personnel: _____

- My child has a Seizure Disorder: ☐ Yes ☐ No

Action to be taken by bus personnel: _____

- My child has Asthma: ☐ Yes ☐ No

Action to be taken by bus personnel: _____

- My child has a Bleeding Disorder: ☐ Yes ☐ No

Action to be taken by bus personnel: _____

- My child has a Heart condition: ☐ Yes ☐ No

Action to be taken by bus personnel: _____

- My child has a heat/ cold intolerance: ☐ Yes ☐ No

Action to be taken by bus personnel: _____

- Other medical concerns and actions to be taken by bus personnel:

In case of emergency contact #1: _____
Name Number Relationship

In case of emergency contact #2: _____
Name Number Relationship

In case of emergency contact #3: _____
Name Number Relationship

By signing this form, I give my permission for St. Elizabeth School to disclose the above medical information and any emergency action plans completed by my student's health care provider to the school bus/van personnel/company. I agree that I will be responsible for notifying the St. Elizabeth School Health Suite should any changes to this information occur.

Signature of Parent/Guardian

Date

This health questionnaire and permission form are valid until changed in writing by the parent/guardian.