



Waltham Public Schools

Transportation Office

School Bus Emergency Medical Information -- 2018-2019 School Year

School: _____ Bus # _____

Student Name: _____ Date: _____

Address: _____ Home Phone _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

Emergency Contact Cell Phone: _____ Work Phone: _____

My child has the following medical conditions(s) that may require immediate attention (911) on the school bus.

Please Circle:

Allergy to: _____ requires Epi-Pen or Epi-Pen Jr. Asthma Diabetes Seizures

Other: _____

Action Plan

Allergic Reaction: (examples of some of the symptoms include) Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of any body part.

- **ACTION PLAN:** Call 911 and assist child in using Epi-Pen if prescribed and available.

Asthma: Student has difficulty breathing, wheezing, and shortness of breath.

- **ACTION PLAN:** If the student has their inhaler, allow them to use it. If no relief of symptoms in five (5) minutes, call 911. If no inhaler available, call 911 immediately.

Diabetes: Low blood sugar reaction-hunger, sweaty, pallor, feels shaky, headache.

- **ACTION PLAN:** Allow student to drink a juice box or regular soda, or eat glucose tablets or a snack from their emergency snack pack. Have student test their blood glucose level and record number. If no change in symptoms in five (5) minutes – call 911 and have child repeat all of the above.

Seizure: Altered consciousness, involuntary muscle stiffness or jerking movements, drooling/foaming at the mouth, temporary halt in breathing, loss of bladder control.

- **ACTION PLAN:** Protect student from falling, call 911. Never put anything into the student's mouth.

Parent/Guardian child specific instructions: _____

Parent/Guardian Signature: _____ Date: _____