



Insert School
Logo

MEDICAL EMERGENCY PLAN

Place Photo
Here

NAME _____

SCHOOL _____

D.O.B. _____ Bus Route Number(s) _____
(for transported students)

A. MEDICAL CONDITION

1. What is the medical condition? _____

2. Describe symptoms or warning signs? _____

3. Emergency steps? _____

4. Current Medication (please advise the school of any changes) _____

B. EMERGENCY CONTACT INFORMATION

Parent/Guardian/Legal Custodian

Relationship

Home Phone

Work phone

Other Emergency Contact

Relationship

Home Phone

Work phone

PHYSICIAN(S)

Name (please print)

Phone

Name (please print)

Phone



C. CONSENT TO RELEASE TO STAFF

I give permission for my child’s photograph and a copy of this form to be given to the classroom teacher and to be posted in the school so that all staff and visitors are alerted to this situation; and for my child to be transported to a hospital if deemed necessary by school staff.

Signature of Parent/Guardian/Legal Custodian

Date

Signature of Student

Date

D. CONSENT TO RELEASE TO TRANSPORTATION CONSORTIUM

AND BUS OPERATORS/DRIVERS FOR TRANSPORTED STUDENTS

To help ensure your child’s safety during transportation to and from school, a copy of this form and your child’s photograph will be shared with the Simcoe County Student Transportation Consortium and contracted bus operators. Information contained on this form will be shared with your child’s bus driver where appropriate.

I consent to the release of a copy of this form and my child’s photograph to the Simcoe County Student Transportation Consortium and to contracted bus operators/bus drivers.

Signature of Parent/Guardian/Legal Custodian

Date

Signature of Student

Date

The information requested on this form is collected under the authority of the Education Act, s 171 and will be used for the purpose of planning and delivering educational programs and services which best meet student needs. The contact person for inquiries regarding information contained on this form is the school principal.