

BEDFORD COUNTY PUBLIC SCHOOLS

Parents:

If your child has diabetes, seizures, severe allergies/asthma or other emergency medical condition, please complete this form for informational purposes and return to your child's school nurse.

BUS DRIVER EMERGENCY INFORMATION RECORD

Bus Number _____ / _____ School/Year _____
 AM PM

Student Name _____

Parent/Guardian Name _____

Address _____

Emergency Contact Name/Phone Numbers

1. Mother _____
2. Father _____
3. Other _____

Medical Concern: _____ Asthma _____ Diabetes _____ Seizures

List Severe Allergies _____

Other Medical Concern _____

- If an emergency should occur, I understand that 911 may be contacted and that health information may be shared with school staff and emergency medical services as deemed necessary in the emergency.

Parent/Guardian Signature _____ Date _____