

## EMERGENCY MEDICAL INFORMATION FOR BUS DRIVERS

**If your child has a medical condition that could potentially cause a life-threatening emergency** while he or she is being transported by school bus, please advise the bus company by completing the following form. **It is the responsibility of the parent or guardian to provide the bus company with this information.**

If your child has a **Life Threatening** medical condition that his or her bus driver should be aware of, please complete this form and return it by mail to Michael J. Connolly Bus Co. 241 Francis Ave. Mansfield, MA 02048 or Fax to Connolly at 508 261 7517. The information will be relayed to your child's bus driver.

Forms will be kept locked in the bus supervisor's office.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus Number: \_\_\_\_\_

Home  
Address: \_\_\_\_\_

Medical Condition:

Potential Emergency:

Expected symptoms or observations:

**Please understand that the driver's primary responsibility is to safely transport students. Bus drives do not provide first aid or medical treatments. Our purpose is for the drivers to identify emergency situations as early as possible, so that they can seek appropriate and timely assistance for a student in need.**