

# STUDENT MEDICAL RELEASE OF INFORMATION

		/ /				
Student Name		DOB (dd/mm/yy)	School			
Address					Bus Company	
Parent Name		Home Phone		Alternate Phone		
Emergency Contact Name		Emergency Phone		Emergency Alternate Phone		
					Bus Route Number	

Place Student Photo Here

All bus drivers are certified in the administration of First Aid, CPR, and Epi-Pen. These are the only medical procedures a driver may perform. In the event of a student showing signs of medical distress during travel on the school bus, the driver will stop the vehicle in the first safe location, assess the situation, determine if an epi-pen needs to be administered, immediately contact the Bus Operator to request emergency services. The driver will remain with the student until the arrival of the emergency services team. Should a bus driver have occasion to administer First Aid, CPR, or an Epi-pen, he/she does so in applying the "in loco parentis" principle, not as a health care professional. Visit triboard.ca for complete procedure details

## CHECK OFF THE BOX OF APPLICABLE MEDICAL CONCERNS

- Epi-Pen: Symptoms** \_\_\_\_\_  
Location of Epi-Pen \_\_\_\_\_ Dosage \_\_\_\_\_
- Asthma: Symptoms** \_\_\_\_\_  
Location of inhaler \_\_\_\_\_
- Seizures/ Epilepsy: Symptoms** \_\_\_\_\_
- Diabetes: Symptoms** \_\_\_\_\_
- Mobility Issues**
- Deaf/ Hard of Hearing**
- Blind/ Low Vision**
- Communication/ Autism/ Asperger's**
- Intellectual Disability**

### AUTHORIZATION FOR EPI-PEN ADMINISTRATION BY SCHOOL BUS DRIVER:

I/We, \_\_\_\_\_ hereby request that the administration of an epi-pen be provided by the bus driver. It is further agreed that the student will carry the epi-pen. It is the responsibility of the school for identifying the child to the driver(s) and advising the driver(s) of the epi-pen's location. I/We agree to provide the school with an updated medical statement whenever there is a change in the physician's instructions with respect to their medical condition.

I/We hereby release Tri-Board Student Transportation Services, the school Boards, its employees and agents from all manner of actions, causes of action, claims, suits, losses, damage or injuries ("actions or proceedings") arising out of the administration of an epi-pen as requested and consented by me/us. I/We do also hereby indemnify and save harmless Tri-Board Student Transportation Services, the school Boards, its employees and agents for any losses or damages sustained by them as a result of any such actions or proceedings being taken against them by any person including without limiting the generality of this, myself/ourselves, our child, any other parent or guardian of our child. I confirm that our Doctor has fully explained to me and to my child the nature, effect and possible side effects of such treatment and hereby acknowledge that I have read and fully understand the terms set out herein.

I give my permission for this medical form to be accessible on the bus and shared with appropriate personnel:

\_\_\_\_\_  
Parent/Guardian/Adult Student Signature

\_\_\_\_\_  
Date