

STUDENT MEDICAL RELEASE OF INFORMATION

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.

Student Last Name Student First Name Age DOB (mm/dd/yyyy)

House # Street Name Town Postal Code

Emergency Contact Relationship to Student Primary Contact Number

Secondary Contact Number Email



Transportation Information:

Bus Route # Bus Company School Name

CHECK BOX OF APPLICABLE MEDICAL CONCERNS

- Mobility Issues**
 Deaf/ Hard of Hearing
 Blind/ Low Vision
 Autism/ Asperger's/ Verbal
 Intellectual Disability
 Diabetes Symptoms: _____
 Seizures/ Epilepsy Symptoms: _____
 Asthma Symptoms: _____
 Epi-Pen Symptoms: _____

Location of Inhaler: _____

Location of Epi-Pen: _____

Allergy: _____ Dosage: _____

Authorization for Epi-Pen Administration by 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**