

## Health Questionnaire for Bus Personnel

To ensure the safety of your daughter/son while traveling to and from school on the school bus, it would be beneficial for the school bus personnel to know pertinent medical information about your child in the event of medical emergencies. Below is a brief questionnaire that will be shared with the school bus personnel:

Student's Name: \_\_\_\_\_

- My child has allergies (food, medication, bee stings):  Yes  No

If "yes", what is the allergy? \_\_\_\_\_

Action to be taken by bus personnel: \_\_\_\_\_

- My child has a Seizure Disorder:  Yes  No

Action to be taken by bus personnel: \_\_\_\_\_

- My child has Asthma:  Yes  No

Action to be taken by bus personnel: \_\_\_\_\_

- My child has a Bleeding Disorder:  Yes  No

Action to be taken by bus personnel: \_\_\_\_\_

- My child has a Heart condition:  Yes  No

Action to be taken by bus personnel: \_\_\_\_\_

- My child has a heat/ cold intolerance:  Yes  No

Action to be taken by bus personnel: \_\_\_\_\_

- Other medical concerns and actions to be taken by bus personnel:

In case of emergency call: \_\_\_\_\_  
Name Number Relationship

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I give my permission for St. Elizabeth School to disclose the above medical information to school bus personnel/company. I agree that I will be responsible for updating this form when changes occur and that I will provide a copy to bus personnel and to St. Elizabeth School. (forms may be obtained from the St. Elizabeth School Nurse.)

I do not wish to have the above medical information disclosed to school bus personnel.

\_\_\_\_\_  
Signature of Parent/Guardian Date / \_\_\_\_\_ / \_\_\_\_\_

This health questionnaire and permission form is valid until changed in writing by the parent/guardian.

**PLEASE RETURN THIS FORM TO THE TRANSITION OFFICE**

For Office Use:  File Copy  Copy give to bus personnel \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_