

**WASHINGTON TOWNSHIP SCHOOL DISTRICT**

**BRASS CASTLE                      PORT COLDEN**

Picture

**HEALTH OFFICE**

***“Making a Difference”***

School Year \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

I/we, the parent(s)/guardian(s) of \_\_\_\_\_,  
address: \_\_\_\_\_

**DO / DO NOT** give Washington Township School District permission to release to the bus company information concerning my/our child, who has the diagnosis of :

Allergy to: \_\_\_\_\_.

If in the event there is an emergency on the bus involving this condition, please adhere to the following instructions (***I am aware that if I decline to notify the bus company of my child’s allergy, the bus driver will not be made aware of the following for my child:***)

If the student has any of the following symptoms:

**MOUTH-** itching, tingling or swelling of the lips, tongue, or mouth

**SKIN-** hives, itchy rash, swelling of the face or extremities

**GUT/STOMACH-** nausea, abdominal cramps, vomiting, diarrhea

**THROAT-** tightening of throat, hoarseness, hacking cough

**LUNG-** shortness of breath, repetitive coughing, wheezing

**HEART-** thready pulse, low blood pressure, fainting, pale, blueness

1. The Bus driver will call the bus dispatch and:

- Report they have a student with a food allergy/insect sting allergy with a possible reaction and that they need the Mobile Intensive Care Unit/Paramedics so they can bring epinephrine if needed.
- Give them the location/destination of the bus
- Bus dispatch will contact the school: Brass Castle 689-1188, Port Colden 689-0681
- The school will notify Administrator and parents and ensure the Bus Dispatch has contacted Emergency Medical Services

2.. My child DOES/ DOES NOT have a physician order to carry an EpiPen; if my child has an order, he/she carries it with her : \_\_\_\_\_

(location, ie backpack, purse, etc.)

\*\*Have the student sit in the front of the bus.

\*\*Reinforce with students regularly that there is no eating on the bus.

I/we agree with the above emergency bus plan.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Phone #s to contact parent(s): \_\_\_\_\_

=====

School Nurse Signature: \_\_\_\_\_

Date received from parent/guardian: \_\_\_\_\_

Date sent to Transportation: \_\_\_\_\_

Student has permission to carry medication    YES        NO

Medication carried: \_\_\_\_\_