



Emergency Medication on School Buses (HEA-F097)

Student Name: _____ D.O.B: _____

School: _____ Bus #: _____ Bus Driver: _____

You have an **Emergency Medication** on the Bus: ☐ YES ☐ NO

If **yes**, Name of medication: _____

Medical Condition:

☐ Diabetes

☐ Asthma

☐ Seizures

☐ Allergy/Anaphylaxis to _____

☐ Mask Exemption _____

☐ Other _____

Nurse Signature: _____ **Date:** _____

Date form sent to transportation: _____

*****School Nurse to email this form to Elizabeth Kong, Driver Safety Manager in transportation at Elizabeth.kong@cmcsc.net*****

Any questions or comments can be addressed to: District RN- Brittney Kirk, BSN, RN

Office: 931-920-7976

Email: Brittney.kirk@cmcsc.net

*******Please call 911 for any emergency on the Bus*******