

Woodstown-Pilesgrove Regional School District

William Roper Early Childhood Learning Center – Mary S. Shoemaker School – Woodstown Middle School – Woodstown High School
www.woodstown.org (856) 769-0144

BUS EMERGENCY PLAN - Student Health Issues

Student:	DOB:
Address:	Bus #:
Grade:	For school year:

Bus Protocol for Medical Emergencies:

- Pull bus over
- Call 911
- Notify parent
- Driver stays with student that is having medical emergency until EMS arrives

___ **Life Threatening Allergy**
Allergic to: Food(s) _____ Insects/bees: _____ Other: _____

___ **Insulin Dependent Diabetes**

___ **Seizure disorder**

___ **Other medical condition(s): _____**

PARENT/GUARDIAN PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

Federal confidentiality (privacy) laws require parent/guardian permission for the school nurse to share medical information with other school personnel. By signing below, you are giving consent for School Health Services Nursing Staff to share your child's medical information with school personnel and transportation personnel (as necessary) who have contact with your child during the school day.

Parent/Guardian (print): _____

(signature): _____

Phone: (H) _____ (C) _____

Alternate phone #: _____