

ATTLEBORO PUBLIC SCHOOLS
SCHOOL BUS RELEASE OF INFORMATION

Dear Parent/Guardian,

According to our records, your child _____,

has the following medical diagnosis/condition: _____

or other circumstances: _____, which may require the school bus driver and/or assigned transportation staff member to respond immediately in order to keep your child safe while being transported by bus/minivan.

In the event of an emergency, the bus driver will call 911; however, it may be important for the driver and assigned staff members to be aware of your child's condition. Indicate on the lines below any additional and specific information regarding your child's condition and/or the particular procedures recommended to be utilized with your child while being transported by bus/minivan:

Please list any medications or equipment/devices that emergency responders need to be aware of for your child:

Additional information is attached YES NO

Please sign this release below if you would like this information to be shared with your child's bus driver and assigned transportation staff members. This authorization is in effect for this **school year only**.

I acknowledge that it is necessary for the safety of my child that the school nurse and/or special education teacher share the above medical information with the bus/van driver and assigned transportation staff members responsible for transporting my child.

Signature of Parent/Guardian Date

Child's Name Child's Address

Child's School Grade Bus/Van #

Please return this completed and signed form to the school nurse. Thank you.

It is the parent/guardians responsibility to complete and return this form so that the Transportation Staff can be informed about your child's life threatening condition along with medical documentation.