

Please Check One:	
Student is a Walker	
Student Rides the Bus	

## Life Threatening Emergency Medical Form For School and Transportation Use

- 1. Use of this form is limited *ONLY TO STUDENTS WITH LIFE-THREATENING MEDICAL CONDITIONS* that may require the emergency administration of an epinephrine auto-injector or other emergency medical attention.
- 2. This form shall contain a clear and recent photograph of the student.
- 3. Please ensure that this form is filled out completely, legibly and in pen.
- 4. This form should be updated yearly and/or as medical information changes.
- 5. NOTE: Bus companies **do not** provide epinephrine auto-injectors on the school bus/vehicle. It is the responsibility of the parent(s)/guardian(s) to ensure that their child carries an auto-injector if it is required. Bus drivers are trained in administrating an auto-injector.

aummi	strating an auto-injector.				
Student Na	me:				
Parent(s)/Guardian(s):					
Civic Address:					
			Student Photo		
Primary Em	ergency Contact #:		Student Frioto		
Secondary Contact #:		Alternate #:			
School:		Grade:			
Bus Compa	Bus Company: Route #:				
Life Threatening Medical Condition(s):					
	Allergy/Anaphylaxis to (specify alle	ergy/allergies):			
•	tor can be found (Please indicate f auto-injector on student):				
	Asthma (specify type of reliever inhaler):				
Inhaler ca	n be found (Please indicate location student):	of			
	Other Medical Condition(s) (please specify condition(s) and location(s) of any support devices):				
	rize this "Life Threatening Emergency I I Student Transportation of Eastern On	Medical Form" to be shared with school staff	, bus companies, bus		
anvers and	ordanic transportation of Eastern on	tano (5.25).			
Parent(s)/Guardian(s) Signature Date		<u> </u>			
FOR STUDENTS WHO ACCESS TRANSPORTATION, I hereby confirm that the school has received the Administration of					
Medication Form and that discussions were held with the parent(s)/guardian(s) and the bus company and/or bus driver					
to review the transportation emergency action plan for the child identified on this form.					
Principal's Signature Date			e		
Copy to: School Office Administrator for Student File					
Copy (if applicable) to:   Bus Company/Driver  STEO (Fax: 613-925-0024)					

EMERGENCY ACTION PLAN: List steps to be taken in a concise and legible format						
Medical Condition – Specific Allergy – Please Check All That Apply						
Indications of Severe Allergic Reaction:						
<ul> <li>□ Difficulty breathing or swallowing, wheezing, coughing, choking</li> <li>□ Flushed face, hives, swelling or itching lips, tongue, eyes</li> <li>□ Dizziness, unsteadiness, sudden fatigue, rapid heartbeat</li> <li>□ Vomiting, nausea, diarrhea, stomach pains</li> </ul>		Loss of consciousness/passes out Tightness in throat, mouth, chest Pale blue skin or lips Other (identify):				
Medical Condition – Asthma – Please Check All That Apply						
Indications of Severe Asthmatic Reaction:						
☐ Restlessness, irritability, fatigue, coughing (frequent, dry and		Wheezing (can't always hear it)				
regular)  ☐ Breathlessness (child may talk in one or two word sentences;		Breathing quickly				
nostrils flaring with breaths)  ☐ Obvious discomfort ☐ Neck muscles tighten every time they breathe ☐ Lips and nail beds may have a grayish or bluish colour		Constantly rubbing nose or throat Other (identify):				
Asthma Triggers:  □ cold/flu/illness □ mould □ dust □ cold weather □ strong smells □ pet dander □ cigarette smoke □ physical activity/exercise □ pollen □ allergies (specify):						
Medical Condition – Diabetes – Please Check All That Apply						
Possible Symptoms of Low Blood Sugar in Diabetics:  * More likely when activity changes (field trip or track day etc.) or if meal time is missed or schedule changes.  □ confusion □ shakes □ crying □ increased heart rate  □ trembling □ hunger □ feeling low □ numbness or tingling of  □ headache □ withdrawn, quiet □ pale tongue or lips  □ sweating □ weak, drowsy □ irritable, anxious □ nauseated  * May lead to loss of consciousness (passing out) or seizures						
Possible Symptoms of High Blood Sugar in Diabetics:						
* More rare  ☐ increased thirst ☐ increased urination		☐ feeling unwell				
Medical Condition – Epileptic Seizure – Please Check All That Apply						
Symptoms of Epileptic Seizures:						
<ul> <li>□ Staring, apparently not hearing, no movement</li> <li>□ Twitching</li> <li>□ Drooling or biting lips, cheeks or tongue</li> </ul>	Drow	ng of the arms, legs, face rsiness or inattention become unconscious				
Instructions for bus driver in the event of an epileptic seizure:						
<u>DO NOT</u> put anything in the child's mouth. <u>DO NOT</u> restrain movement. If possible, put something soft under the head for protection. AFTER THE SEIZURE put the child on their side in recovery position. If a seizure lasts longer than 5						

Name of Student:

**Emergency Action Plan** 

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minutes, or repeats without full recovery, <u>SEEK MEDICAL ASSISTANCE IMMEDIATELY</u>.