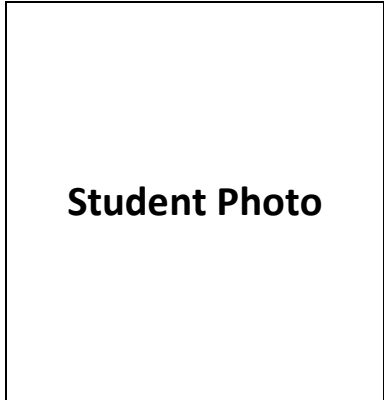


Please Check One:	
Student is a Walker	<input type="checkbox"/>
Student Rides the Bus	<input type="checkbox"/>

Life Threatening Emergency Medical Form For School and Transportation Use

- 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.
- This form shall contain a clear and recent photograph of the student.
- Please ensure that this form is filled out completely, legibly and in pen.
- This form should be updated yearly and/or as medical information changes.
- 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 administering an auto-injector.

Student Name:	
Parent(s)/Guardian(s):	
Civic Address:	
Primary Emergency Contact #:	
Secondary Contact #:	Alternate #:
School:	Grade:
Bus Company:	Route #:



Life Threatening Medical Condition(s):

<input type="checkbox"/>	Allergy/Anaphylaxis to (specify allergy/allergies):
Auto-injector can be found (Please indicate location of auto-injector on student):	
<input type="checkbox"/>	Asthma (specify type of reliever inhaler):
Inhaler can be found (Please indicate location of inhaler on student):	
<input type="checkbox"/>	Other Medical Condition(s) (please specify condition(s) <u>and</u> location(s) of any support devices):

I/we authorize this "Life Threatening Emergency Medical Form" to be shared with school staff, bus companies, bus drivers and Student Transportation of Eastern Ontario (STEO).

Parent(s)/Guardian(s) Signature
Date

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

Copy to:	<input type="checkbox"/> School Office Administrator for Student File
Copy (if applicable) to:	<input type="checkbox"/> Bus Company/Driver <input type="checkbox"/> STEO (Fax: 613-925-0024)

