



TRANSPORTATION COMMUNICATION

EMERGENCY PLAN

Student Name: _____

School Year: _____

School Name: _____ School Ph #: _____

Bus #: _____

Parent Name: _____

Phone #: _____

School Health Aide: _____

Description of Students Medical Concern(s):

IN AN EMERGENCY:

IF THE STUDENT IS IN DANGER, CALL 911 IMMEDIATELY!

If you observe:	Then you should:
<ul style="list-style-type: none">•••••	

The information provided above is NOT a health care plan but reflects emergency guidance for students. More detailed plans are available and training may provided by the District Nurse. This document should be used as an emergency reference only and needs to be readily available to anyone driving or attending to the bus.

**If available, please attach a current picture of the student to this form.*