BEDFORD COUNTY PUBLIC SCHOOLS

Parents:
If your child has diabetes, seizures, severe allergies/asthma or other emergency medical condition, please complete this form for informational purposes and return to your child's school nurse.

BUS DRIVER
EMERGENCY INFORMATION RECORD

Bus Number_____/_____ School/Year_____
AM PM

Student Name_____

Parent/GuardianName_____

Address_____

Emergency Contact Name/Phone Numbers

1. Mother_____
2. Father_____
3. Other_____

Medical Concern: ☐ Asthma ☐ Diabetes ☐ Seizures

List Severe Allergies_____

Other Medical Concern_____

- If an emergency should occur, I understand that 911 may be contacted and that health information may be shared with school staff and emergency medical services as deemed necessary in the emergency.

Parent/Guardian Signature_____Date_____