Red Hill Community Unit School District No. 10

Lawrence and Crawford Counties, Illinois
1250 Judy Avenue, Bridgeport, IL 62417
Phone: (618) 945-2061 Fax: (618) 945-7607
Mrs. Deana L. Brashear – Acting/Assistant Superintendent

Emergency Medical Information for Students Having Special Needs or Medical Conditions Who Ride School Buses

The purpose of this form is to give school bus drivers and/or emergency medical technicians information about children who have special needs or medical conditions. One copy of this form is kept in the nurse's office, and another copy is kept on the student's school bus in a secure location for bus drivers and emergency medical technicians. If the emergency care of the student requires medication, the parent/guardian must file a *School Medical Authorization Form* with the school nurse.

To be completed by the student's parent/guardian:

Student's Name *(Please print)* _____ Birth Date _____

Parent/Guardian's Name _____ Home Phone _____ Cell Phone _____

School _____ Grade _____ Teacher _____

Physician's Name _____ Physician's Phone _____ School Nurse's Phone _____

My child's special needs are: *(list behavioral or communication challenges and required responses)*

_____

_____

_____

My child requires medication for: *(describe conditions and circumstances)*

_____

_____

_____

Medication and Where Kept	Dosage	Directions

Parent/Guardian Signature _____ Date _____