

**EMERGENCY MEDICAL AUTHORIZATION FORM
BERNE UNION TRANSPORTATION**

Student _____ Grade _____ Home Phone _____

Address _____ City _____ Zip _____

Student's Birthdate ____/____/____ Age _____

Legal Parent(s) or Guardian(s):

Mother's Name _____ Daytime Phone (____) _____

Father's Name _____ Daytime Phone (____) _____

Other's Name _____ Daytime Phone (____) _____

Relationship to Student _____

Name of Relative or Childcare Provider:

Name _____ Relationship _____

Address _____ Daytime Phone (____) _____

In the event of an emergency name other people to be contacted if you cannot be reached.

Name _____ Relationship _____ phone _____

Name _____ Relationship _____ phone _____

Medical Information:

Does the student have any allergies? _____ What type of reaction? _____

Any difficulty breathing? _____

Asthma: YES _____ NO _____

Is Inhaler being used? YES _____ NO _____

Medications being taken: _____

Physical impairments (Heart, Epilepsy, Visual, Hearing, Diabetes, etc. _____

Other pertinent facts to which a physician should be alerted: _____

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called.

PHYSICIAN _____ PHONE (____) _____

DENTIST _____ PHONE (____) _____

MEDICAL SPECIALIST _____ PHONE (____) _____

LOCAL HOSPITAL _____ EMER ROOM PHONE(____) _____

In the event reasonable attempts to contact me have been unsuccessful. I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital accessible.

This authorization does not cover major surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent/Guardian _____ Date _____

Address _____ Zip _____

PART II: REFUSAL TO CONSENT

I do **NOT** give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment. I wish the school authorities to take the following action:

Parent/Guardian _____ Date _____

(Please complete this form even if your child does not ride the bus on a daily basis; this also pertains to field trips and other curricular activities.)

BUS RULES and DISCIPLINE PROCEDURES

I have read and understand the **BUS RULES and DISCIPLINE PROCEDURES** that will be **ENFORCED** if the student's behavior on the bus warrants these actions to be applied

Parent/Guardian _____ Date _____

Student's Signature _____ Date _____

If any of the above information changes during the school year, it is the responsibility of the parents to notify the school. The list of Bus Rules is for the student to keep. The Emergency Medical form must be completed and received by the Transportation Department the first week school is in session.