



2013-2014 Life Threatening Emergency Medical Form

Please check whether the student is: a walker or rides a school bus/vehicle

Identify the specific medical condition: _____

If an allergy, identify the specific allergy:
(e.g. peanuts, bee stings, eggs, etc.) _____

Student Information:

School Name _____

Student Name _____

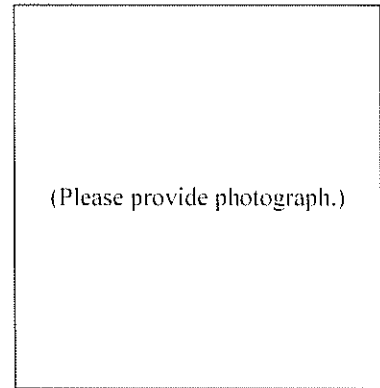
Student No. _____ Grade _____

Parent(s)/Guardian(s) _____

Civic Address _____

Home/Cell Phone No. _____

Work Phone No. _____



Emergency Plan Information – In case of emergency please contact:

Name of First Contact _____ Phone No. _____

Name of Second Contact _____ Phone No. _____

Location of Medication/EpiPen (if required):

Not on student: On student: Location: _____

Action Emergency Plan (if required please add a 2nd page):

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

Parent(s)/Guardian(s) Signature

Date

I hereby confirm that discussions were held with the parent(s)/guardian(s) and bus driver to review the **transportation emergency plan** for the child identified on this form.

Principal's Signature

Date

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



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Medical Condition – Allergy

Indications of Severe Allergic Reaction:

- Difficulty breathing or swallowing, wheezing, coughing, choking.
- Flushed face, hives, swelling or itching lips, tongue, eyes.
- Dizziness, unsteadiness, sudden fatigue, rapid heartbeat.
- Vomiting, nausea, diarrhea, stomach pains.
- Loss of consciousness/passes out.
- Tightness in throat, mouth, chest.
- Pale blue skin or lips.
- Other: (please identify) _____

Medical Condition – Asthma

Indications of Severe Asthmatic Reaction:

- Restlessness, irritability, fatigue, coughing (frequent, dry and regular).
- Wheezing (can't always hear it).
- Breathing quickly.
- Obvious discomfort.
- Constantly rubbing nose or throat.
- Breathlessness (child may talk in one or two word sentences); nostrils flaring with breaths.
- Neck muscles tighten every time they breathe.
- Lips and nail beds may have a grayish or bluish colour.
- Other: (please identify) _____

Medical Condition – Diabetes

Possible Symptoms of Low Blood Sugar in Diabetics:

* More likely when activity changes (field trip or track day etc.) or if meal time is missed or schedule changes.

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> confusion | <input type="checkbox"/> shakes | <input type="checkbox"/> crying | <input type="checkbox"/> increased heart rate |
| <input type="checkbox"/> trembling | <input type="checkbox"/> hunger | <input type="checkbox"/> feeling low | <input type="checkbox"/> numbness or tingling of tongue or lips |
| <input type="checkbox"/> headache | <input type="checkbox"/> withdrawn, quiet | <input type="checkbox"/> pale | <input type="checkbox"/> nauseated |
| <input type="checkbox"/> sweating | <input type="checkbox"/> weak, drowsy | <input type="checkbox"/> irritable, anxious | |

* May lead to loss of consciousness (passing out) or seizures.

Possible Symptoms of High Blood Sugar in Diabetics:

* More rare.

- | | | |
|---|--|---|
| <input type="checkbox"/> increased thirst | <input type="checkbox"/> increased urination | <input type="checkbox"/> feeling unwell |
|---|--|---|

Medical Condition – Epileptic Seizure

Symptoms of Epileptic Seizures:

- | | |
|--|---|
| <input type="checkbox"/> Staring, apparently not hearing, no movement. | <input type="checkbox"/> Jerking of the arms, legs, face. |
| <input type="checkbox"/> Twitching. | <input type="checkbox"/> Drowsiness or inattention. |
| <input type="checkbox"/> Drooling or biting lips, cheeks or tongue. | <input type="checkbox"/> May become unconscious. |

Instructions for bus driver in the event of an epileptic seizure:

DO NOT put anything in the child's mouth. **DO NOT** restrain movement if possible, put something soft under the head for protection. **AFTER THE SEIZURE** put the child on their side in the recovery position.

If a seizure lasts longer than 5 minutes, or repeats without full recovery **SEEK MEDICAL ASSISTANCE IMMEDIATELY.**

Medical Condition – Other

Please list any symptoms (please use a 2nd page if required):
