



**LIFE-THREATENING MEDICAL CONDITION
EMERGENCY TRANSPORTATION FORM**

Student Name:

Student #:

Address:

Phone #:

School:

Grade:

STUDENT'S
PHOTO
HERE

LIFE-THREATENING MEDICAL CONDITION:

Life-Threatening Allergy/Anaphylaxis:

Auto Injector can be found: _____
(Please indicate location of Epinephrine Auto Injector on pupil)

Epilepsy **Asthma** **Heart Condition** **Pace Maker**

Diabetes **Other (specify):** _____

Consent for administration of medication form on file at school: YES NO

(Principal's Signature)

(Date)

1. Use of this form is to be limited ONLY to pupils with life-threatening medical conditions that may require the emergency administration of an epinephrine auto-injector, or other emergency medical attention, who ride a school bus or use small vehicle transportation.
2. This form shall contain a clear and recent photograph of the pupil.
3. Schools are to forward (3) copies of this form (one original form with original photograph and Principal signature, and no less than two photocopies of the completed form with clear photographs) to the Ottawa Student Transportation Authority. Forms are NOT to be given directly to the driver/transportation provider by parents/guardians or school staff.

TRANSPORTATION INFORMATION:

Pickup Bus: (ROUTE #)

Drop Off Bus: (ROUTE #)

DISPATCH PROCEDURES:

1. Obtain exact location and time of administration.
2. Call 911.
3. Call Principal of _____ School at 613- _____ (phone number) or cellular at _____.
4. Maintain radio contact.
5. Call OSTA General Manager (or designate) at 613-224-8800 ext. 2580.

Information contained on this form is confidential when complete.

Distribution: 1. OSTA 2. OSTA to provide to operator