

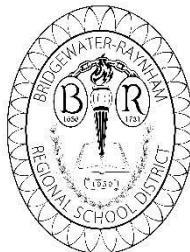
BRIDGEWATER-RAYNHAM REGIONAL SCHOOL DISTRICT

166 Mt. Prospect Street, Bridgewater, MA 02324
508-279-2140

Derek J. Swenson
Superintendent

Kathleen Macedo
Director of Business Services

Mary E. Gormley
Human Resource Manager



Ryan T. Powers
Assistant Superintendent

Carla R. Thomas
Director of Student Services

SCHOOL BUS EMERGENCY MEDICAL INFORMATION FORM from PARENT

Student Name: _____ Date of Birth: _____

Address: _____ Bus No. _____

Parent/Guardian Cell phone: _____ Work phone: _____

Parent/Guardian Cell phone: _____ Work phone: _____

My child has the following medical condition that *may* require immediate attention (911) during before/after school programs or athletics (please circle):

ASTHMA

DIABETES

SEIZURES

OTHER _____

ALLERGIC TO: _____

CHILD HAS A PRESCRIBED _____ EPI-PEN or _____ EPI-PEN Jr. TO BE ADMINISTERED

Other health related instructions: _____

**IN THE EVENT MY CHILD HAS A HEALTH/MEDICAL EVENT WHICH REQUIRES STAFF ASSISTANCE,
I AGREE THAT STAFF WILL FIRST ASSIST MY CHILD, ACCORDING TO
EMERGENCY TRAINING THEY HAVE RECEIVED AND STAFF WILL THEN CALL 911.**

Parent/Guardian Signature

Date