

Wachusett Regional School District

School Bus Emergency Medical Information Form

School _____ Bus # or color _____

Student Name _____

Address _____ Home Phone: _____

Parent/Guardian Cell Phone: _____ Work Phone: _____

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My/Our child, _____, has been prescribed by a physician to have an Epinephrine injector due to a life-threatening allergy to: _____.

Parent/Guardian acknowledge that we are responsible for providing the child's Epinephrine and ensuring that the Epinephrine will always be carried on the child's person in the location as disclosed below. We further acknowledge and agree that my child will be seated in the first row on any school-provided transportation to facilitate necessary interventions in the event of anaphylaxis(allergic reaction). Parent will notify bus company if child will be taking a different bus . A allergy action plan by your child's physician authorizing the administration of Epinephrine shall be provided to the bus company by the parents/guardian at the start of the school year.

My child's epipen with allergy action plan is located:

_____ location should be specific

Check one:

I Parent/Guardian request that my child be assisted on school transportation in administering epinephrine as authorized by my child's healthcare provider.

My child has been determined by his /her healthcare provider to have the knowledge and skills to safely possess and administer his or her own Epinephrine. I am also requesting that my child be permitted to carry and self-administer the Epinephrine on school transportation as authorized by my child's healthcare provider.

Action Plan:

Allergic reaction: (examples of some of the symptoms include) Difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives , itching , swelling of any body part.

1. Call 911
2. Locate Epinephrine in location disclosed by parent/guardian
3. Administer Epinephrine to child or assist child who has been trained to self administer.
4. Notify child's school so parent can be notified.

We Parent/Guardian acknowledge and understand that the staff and agents of the Wachusett Regional School District, including transportation providers , acting within the scope of their employment. shall not, except in cases of gross negligence or deliberate misconduct, be liable for any harm caused by , or resulting from the administration of an EpiPen in accordance with a physician's pre existing order or in accordance with the procedures set forth above.

Parent's/Guardian's Signature

Parent's/Guardian's Signature

Parent/Guardian Printed Name

Parent/Guardian's Printed Name

Applicable General Laws

M.G.L. c.112, §12V

Any person, whose usual and regular duties do not include the provision of emergency medical care, and who, in good faith, attempts to render emergency care including, but not limited to, cardiopulmonary resuscitation or defibrillation, and does so without compensation, shall not be liable for acts or omissions, other than gross negligence or willful or wanton misconduct, resulting from the attempt to render such emergency care.

M.G.L. c.71, §55A

No public school teacher and no collaborative school teacher, no principal, secretary to the principal, nurse or collaborative school employee who, in good faith, renders emergency first aid or transportation to a student who has become injured or incapacitated in a public school building or collaborative school building or on the grounds thereof shall be liable in a suit for damages as a result of his acts or omissions either for such first aid or as a result of providing emergency transportation to a place of safety, nor shall such person be liable to a hospital for its expenses if under such emergency conditions he causes the admission of such injured or incapacitated student, nor shall he be subject to any disciplinary action by the school committee, or collaborative board of such collaborative for such

emergency first aid or transportation. *Added by St.1938, c.265, s.3: amended by St.1973, c.660; St.1983, c.114; St.1984, c.328; St.1985, c.111*

Please return form to your child's school nurse with copy of allergy action plan with picture of child.