



## Bus Plan Care Summary Sheet

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**Attach Student Photo**

### Medical Condition:

**Anaphylaxis** - If the student has an anaphylaxis plan, this form is not required as long as the driver is provided with a copy of the student's anaphylaxis plan.

- Diabetes** (Must attach Low Blood Sugar Sheet) <https://www.diabetesatschool.ca/uploads/docs/D@S-Hypo.pdf>
- Seizure** (Must attach page 4 of the Seizure Plan of Care) Note - Bus drivers do not routinely administer emergency medication for seizures.
- Other** - Describe (add information required by bus driver to transport student safely in additional notes section below or attach sheet if more space is needed)

### Emergency Contact Information:

Name	Relationship to Student	Phone Number

### Additional Notes (please keep brief):

If this is observed:	Respond in this way

Location of emergency supplies: \_\_\_\_\_

This has been reviewed by me, the parent or guardian of this student:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Date plan given to bus driver: \_\_\_\_\_

Staff Initials: \_\_\_\_\_