

EpiPen Emergency Transportation Information

Student Name: _____

School Year _____

School: _____ Grade: _____

Parents: _____

Telephone/Home: _____

Address: _____

Telephone/Work: _____

Location of EpiPen: _____

Family Doctor: _____ Phone: _____

School Bus Operator: _____

A.M. Bus: _____ Driver: _____

P.M. Bus: _____ Driver: _____

Medical Condition: _____

Allergy to: _____

Administer EpiPen: Student must immediately be transported to: _____

Asthma: _____ Inhalers: _____

DISPATCH

1. Obtain exact location/time of administration.
2. Call 911.
3. Call Supervisor of Transportation, Steve Wowk, 613-354-1981/1-866-569-6638

cc: School Bus Driver
Transportation Department

The information gathered on this form is pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to prepare assessment records; maintain records for all students. Users: Student Services Staff, Principal of Student, all teachers responsible for the Student's program and designated staff for clerical functions.

