

Foxborough Regional Charter School
EMERGENCY CONTACT INFORMATION
REGIONAL TRANSPORTATION PROGRAM

EMERGENCY CONTACT INFORMATION:

The information provided on this form will be used to contact you in case of: inclement weather, early dismissals, potential traffic delays, any situation that would require us to contact you in case of an emergency. It is essential that you provide the **BEST** way to reach you, **ACCURATE** information is necessary for yourself and the contacts listed below for the **ALERTNOW** program to be successful.

Student Name: Last _____ First _____ DOB _____
Grade: _____ Route # _____ Siblings: _____
Parents/Guardians Name: _____
Home Address: _____
Phone #: _____ Cell # _____ Email: _____
Parents/Guardians Work Address & Phone Number: _____

EMERGENCY CONTACTS:

Please note that anyone listed here must have your signed authorization on file in the Main Office for your child to be released to these individuals & they will be asked to provide ID. Emergency Contacts are limited to **THREE**, if it is necessary for another individual to pick up your Kindergarten, Grade 1 or 2 child(ren) please complete a 'Bus Note From Home' giving them permission to do so as necessary.

1.
Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

2.
Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

3.
Name: _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

The bus driver must be aware of any health issues your child has that may arise on the bus (bee sting or latex allergies, serious food allergies, diabetes, seizure disorder, etc.).

If your child has a **Life Threatening** medical condition that his or her bus driver should be aware of, please complete the **Emergency Medication During Bus Transport** form and follow the instructions.

Please understand that the bus driver's primary responsibility is to safely transport students. Bus drivers do not provide first aid or medical treatments. Our purpose is for the drivers to identify emergency situations as early as possible, so that they can seek appropriate and timely assistance for a student in need. Please Note any Special Instructions: _____

Foxborough Regional Charter School
EMERGENCY MEDICATION DURING BUS TRANSPORT

Students Grade 4 and below will not be assessed for self administration of emergency medication. Upon parent/guardian request, Kindergarten through Grade 4 students and older students who do not meet the criteria for self administration may be permitted to carry prescription medication for life threatening emergencies while being transported to and from school provided the following requirements are met.

1. A parent/guardian signed IHCP (Individualized Health Care Plan) will be in place. It will be noted on the IHCP that student carries emergency medication during bus transport to and from school.
2. Parent/Guardian will sign a consent for their child to carry emergency medication and agree to the following criteria:
 - A. Parent/Guardian provides permission to School Bus driver in an Emergency situation to administer the prescribed emergency medication and/or prescribed Epi-Pen if necessary.
 - B. Parent/Guardian will provide emergency medication as directed by licensed provider. Medication will be in a pharmacy labeled or manufacturer's container and be clearly labeled with the child's name.
 - C. Parent/Guardian will be responsible for checking expiration dates and replacing any expired medication.
 - D. Student will be required to sit in the front seat of the bus for supervision purposes.
 - E. Emergency prescription medication will be kept in the student's backpack. It is the parent/guardian's responsibility to introduce the student to the bus driver and to inform bus driver where in the backpack the medication is located, (front outside pocket). If changes are made throughout the year, it is the responsibility of the parent/guardian to inform the bus driver.
 - F. A second set of emergency medication, provided by the parent, will be kept in the Nurse's Office.
3. Foxborough Regional Charter School is not responsible for loss or mishandling of medication by student.
4. Student behavior that endangers their health and safety or the health and safety of others may result in the loss of privilege to carry medication.

Student _____ Grade _____

Bus # _____

I acknowledge receipt of and agree to the above **Emergency Medication During Bus Transport** Procedures.

Parent/Guardian Signature

Date

Foxborough Regional Charter School
EMERGENCY MEDICATION DURING BUS TRANSPORT

Self Administration of Emergency Medications

Students Grade 5-12 may carry and self-administer emergency prescription medication during bus transport, provided that certain conditions are met. For the purposes of 105 CMR 210.000 "self Administration" shall mean that the student is able to administer medication in the manner directed by the licensed provider. Emergency medications are medications for life threatening medical emergencies.

The school nurse may permit self administration provided that the following requirements are met:

1. A parent signed IHCP (Individualized Health Care Plan) is in place. It will be noted on the Emergency Plan portion of the IHCP that student is carrying their emergency medication and has been authorized to self administer it in an emergency.
 2. Parent/Guardian will provide emergency medication as directed by licensed provider. Medication will be in a pharmacy labeled or manufacturer's container and be clearly labeled with the student's name.
 3. A second set of emergency medication, also provided by parent, will be kept in the nurse's office.
 4. Parent will sign consent for carrying and self administration of emergency medication.
 5. Licensed provider will provide a written medication order and sign authorization for self administration.
 6. Student will report self administration to the School Nurse for documentation.
 7. The School Nurse will sign authorization for self administration if reasonably assured that student is able to identify the medication, reason for its use and is able to administer medication according to licensed provider's directions.
 8. Assessment and evaluation of self administration is at the discretion of the School Nurse.
 9. Student Behavior that endangers their health and safety or the health and safety of others may result in loss of ability to carry and self administer.
 10. Foxborough Regional Charter School is not responsible for loss or mishandling of medication by student.
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Student _____ Grade _____

Bus # _____

I acknowledge receipt of and agree to the above **Emergency Medication During Bus Transport** Procedures.

Parent/Guardian Signature

Date

Foxborough Regional Charter School
EMERGENCY MEDICATION DURING BUS TRANSPORT

Consent for Release of Medical Information

- I do not give permission to the Foxborough Charter School to release medical information to my child's bus driver.

- I hereby grant permission for the Foxborough Charter School to release the following medical information to my child's bus driver.

Please Check:

- Asthma
- Allergies to Bees
- Allergies to Foods
- Allergies to Latex
- Diabetes
- Seizure Disorder
- Bleeding Disorder
- Other

(Please explain other)

This information is requested in order to insure the safety of your child while being transported to and from school, attending field trips and other school activities (athletic and educational activities).

Please sign and return this consent to your child's school nurse as soon as possible.

Student _____

Grade _____

Bus # _____

Parent/Guardian Signature

Date