



CITY OF PITTSFIELD

**PITTSFIELD SCHOOL BUS TRANSPORTATION AND SAFETY
PARENT/GUARDIAN INFORMATION CONSENT FORM FOR THE
MEDICAL ALERTNESS PROGRAM**

As parent/guardian, I wish to participate in the Medical Alertness Program with the Pittsfield School Bus Transportation and Safety Operations, by providing the following medical information about my child. I understand that all information is kept in confidence in respect to the HIPPA law, for the individual's medical privacy.

My child's name is _____.

My child's date of birth: _____, he/she is _____ years old.

In the event of a medical emergency during transport of my child to or from school, while on a Pittsfield school bus, I would want the Bus Operations Director to inform the EMT's of the 911 emergency service that my child:

- a.) Has a medical diagnosis of _____.
- b.) Has a life-threatening allergy to _____.
- c.) My child carries an inhaler for respiratory problems. Yes _____ No _____.
- d.) My child carries an EpiPen for emergency use. Yes _____ No _____.

If you answered yes, please write where your child's EpiPen can be found:

I DO give my consent for this form to be returned to my child's principal, who will assure that it will be given directly to the Bus Operations Director of Pittsfield School Bus Transportation and Safety. In the event of a medical emergency, involving the bus in which my child is transported to and from school, I give my permission that upon being notified of the emergency by the bus driver, the Bus Operations Director, will determine if 911 needs to be notified. If the Director determines that 911 needs to be called, she has my permission to inform them of the information I have identified above. I understand that any change in this information must be communicated by me in writing and given to my child's principal to be forwarded to the Director of Bus Operations.

I DO:

PARENT/GUARDIAN _____ DATE: _____

I DO NOT:

PARENT/GUARDIAN _____ DATE: _____