



EMERGENCY PROCEDURES INDIVIDUAL MEDICAL EMERGENCY PLAN

Please see outline of plan on the reverse side of this form

MEDICAL CONDITION:

| | |
|-------------------------------|--|
| Student Surname: _____ | Bus Student: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Given Names: _____ | Bus Route No.: _____ |
| Address: _____ | Bus Driver: _____ |
| _____ | Bus Operator: _____ |
| School: _____ | School Telephone: _____ |
| Date of Birth: _____ | Grade: _____ |

PARENTS/GUARDIANS

| | Mother | Father |
|--------|--------|--------|
| Name | _____ | _____ |
| Home # | _____ | _____ |
| Work # | _____ | _____ |
| Cell # | _____ | _____ |

There is a statement from the Doctor in the OSR outlining the nature of the medical condition and any steps to be taken. YES NO

EMERGENCY INFORMATION

Doctor: _____
 Telephone: _____
 Hospital: _____
 Ambulance #: _____
 Hospital Emerg #: _____
 Fire Dept #: _____
 Police #: _____

PERSONS INFORMED OF PLAN

| Person | | Date Given | By Whom? |
|---|--|------------|----------|
| <input type="checkbox"/> Parent(s)/Guardian(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| <input type="checkbox"/> ALL School Staff | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| <input type="checkbox"/> Volunteers | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| <input type="checkbox"/> Bus Driver(s) | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| <input type="checkbox"/> Bus Operator/Dispatcher | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| <input type="checkbox"/> Public Health Nurse | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ | _____ |
| <input type="checkbox"/> Emergency Response Personnel [please check appropriate one(s)] <input type="checkbox"/> Ambulance <input type="checkbox"/> Fire Department | | | |
| <input type="checkbox"/> Other (please specify): _____ | | | |

COPIES OF THIS PLAN ARE FILED WITH THE FOLLOWING:

- | | | |
|---------------------------|-----------------|-------|
| 1. Parent(s)/Guardian(s) | Date Forwarded: | _____ |
| 2. Ontario Student Record | Date Forwarded: | _____ |
| 3. Bus Operator/Driver | Date Forwarded: | _____ |
| 4. Principal | Date Forwarded: | _____ |

Attachments (if any): (Please list here and attach)

Notice of Collection: The personal information provided on this form and any other correspondence relating to involvement in Board programs is collected by the Thames Valley District School Board under the authority of the Education Act and Regulations (R.S.O. 1990 c.E.2) as amended. The information will be used to register the student in a school, for the collection of applicable student/activity fees, as well as for any consistent purpose. Information is shared with employees such that they may carry out their job duties. In addition the information may be used or disclosed to comply with legislation, for compelling circumstances affecting health and safety or discipline, as required in circumstances related to law enforcement matters, or in accordance with any other Act. For questions about this collection, contact the Board's Freedom of Information Co-ordinator, Thames Valley District School Board, 1250 Dundas Street, London, Ontario, N6A 5L1, Telephone 519-452-2000 ext. 20218. (Revised April 2013)