



Bus Driver _____

Date _____

Dear _____, Bus # _____

_____ School District

_____ School Name

_____ School Nurses #

_____ School Main Phone #

_____ Closest Hospital Phone #

My child _____ has serious life-threatening allergies to

_____.

Reactions may include _____.

If a reaction requires emergency procedures, he/she

_____ carries medicine in their backpack and can administer his/her own medication

_____ keeps his/her medicines in the nurses office at school.

Instructions for medicines _____

If my child can not breathe **call 911** immediately. Do not wait to drive them to their bus stop.

Our phone numbers in case of emergency are.

Home _____ Cell _____

Alternative Cell _____

Thank you,

Please keep this with you at all times and make copies for substitute bus drivers in the main transportation office.