



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.