

# School Bus Medical Emergency Permission Slip

## Student Information

Student Name

Grade

Date of Birth

## Parent / Guardian Information

Parent/Guardian Name

Contact Number

Alternate Contact

## Medical Information

Medical Conditions / Allergies

Medications

## Permission Statement

In the event of a medical emergency while my child is on the school bus, I authorize the school or medical personnel to take whatever emergency measures are deemed necessary for the care and protection of my child.

---

Parent/Guardian Signature

---

Date