## SCHOOL BUS STUDENT HEALTH NOTIFICATION

## Please return this form to the Principal's Office

Student Name	
School	Grade
Parent/Guardian Name	
Emergency Contact Number	
Please check the following condition ye	our child has and what treatment may be required:
DiabetesSeizure Disorder (Check below)Food/SnackGlucose tablets	Bee Sting AllergySevere Nut Allergy (Check below if needed)Requires EpipenRequires Epipen
Additional information	
	en, it is suggested to keep an Epipen in his/her addition to the Epipen that is kept in the school
Signature of Parent/Guardian	 Date

<sup>\*\*</sup>The Indiana Area School District encourages you to introduce your child to his/her bus driver and to personally inform the bus driver of your child's condition so that he/she can identify your child quickly should a situation arise in which immediate medical attention is needed.