

**EpiPen Emergency Transportation Information**

Student Name: \_\_\_\_\_

School Year \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents: \_\_\_\_\_

Telephone/Home: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone/Work: \_\_\_\_\_

Location of EpiPen: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

School Bus Operator: \_\_\_\_\_

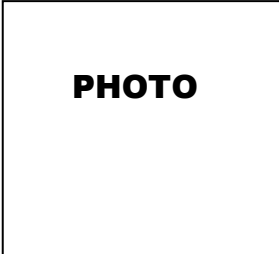
A.M. Bus: \_\_\_\_\_ Driver: \_\_\_\_\_

P.M. Bus: \_\_\_\_\_ Driver: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

Allergy to: \_\_\_\_\_

\_\_\_\_\_



Administer EpiPen: Student must immediately be transported to hospital.

Asthma: \_\_\_\_\_ Inhalers: \_\_\_\_\_

**DISPATCH**

1. Obtain exact location/time of administration.
2. Call 911.
3. Call Supervisor of Transportation, Gord Taylor, 613-354-1981 or 1-866-569-6638

cc: School Bus Driver  
Transportation Department

**The information gathered on this form is pursuant to the *Education Act* and the *Municipal Freedom of Information and Protection of Privacy Act*. Information will be used to prepare assessment records; maintain records for all students. Users: Student Services Staff, Principal of Student, all teachers responsible for the Student's program and designated staff for clerical functions.**