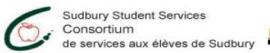
F-M04 401





РНОТО

199 Travers Street, Sudbury, ON P3C 3K2, Telephone (705)521-1234, Fax (705) 521-1344 Website: www.businfo.ca Email: trans@businfo.ca

REQUEST FOR THE ADMINISTRATION OF AN EPIPEN

Please type or print information

A. STUDENT IDENTIFICATION			
ame			
ate of Birth			
arent/Guardian			
elephone - HomeBus. a)	b)	Emergency #	
ddress (home)			
ddress (sitter)	Sitte	Telephone Number	
chool	Grade	Teacher	
ealth Insurance Card Number			
llergy			
Administration frequency per school day / as re-	quired	other	
. Cautions / Notable Side-effects / Storage Duration	on		
ocation of the EpiPen on person or in school bag			
I/we hereby request that the administration of an E parent/legal guardian for identifying the child to the Consortium with an updated medical statement who I/we hereby release the Sudbury Student Services suits, losses, damage or injuries ("actions or proce and consented by me/us. We do also hereby indemit	EpiPen be provided. It is further agreed ediver(s) and advising the driver(s) of the driver is a change in the physicial Consortium, the school Boards, its emedings") arising out of the administration	ne EpiPen's location. I/we agree to provide the n's instructions with respect to medication. ployees and agents from all manner of action on the EpiPen Auto Injector ("EpiPen") and	ne Sudbury Student Services ns, causes of action, claims l/or medication as requested
any losses or damages sustained by them as a re generality of this, myself/ourselves, our child, any o	sult of any such actions or proceedings	·	
I confirm that <u>Dr.</u> effect and possible side effects of such treatment ar Consortium=s policy and procedures in this regard	nd hereby acknowledge that I have read a	•	I have received a copy of the
I confirm that there is a signed physician state	ment in my child's file at their school of	attendance.	
Medical Condition			
Allergy to			
Date Parent/Gu	uardian	Parent/Guardian	
Physician Name	_ Address	Telephone Number	

In accordance with the Municipal Freedom of Information and Protection of Privacy Act, the Personal Information provided on this form will be used solely to determine and assess eligibility for administration of an EpiPen.





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AN EPIPEN EMERGENCY TRANSPORTATION INFORMATION

FOR OFFICE USE ONLY		
SCHOOL BUS OPERATO	R	
A.M. Route Number	Driver	
Mid-day Route Number	Driver	
P.M. Route Number	Driver	
Allergy		
Medical Information		
C. AUTHORIZATION ON BEHALF	OF TRANSPORTATION	
Executive Director or Designate, Sudbury S	Student Services Consortium	

DISPATCH

- 1. Obtain exact location and time of administration.
- 2. Call 911 and advise that you have a child going into shock due to an allergic reaction.
- 3. Maintain radio contact.
- 4. Call Executive Director or Designate of the Consortium.
- 5. The Consortium's Executive Director or Designate will call parent/guardian and school.