Dear Parents and Guardians,

As the 2025-2026 school year begins we are requesting that you fill out the attached information sheets <u>only if</u> your child has any health concerns and is a bus rider. Please return the forms to the school office when completed.



## St. Mary's Nativity School

Believe, Achieve, Succeed with Christ

## EMERGENCY BUS PLAN FOR DIAGNOSIS OF ALLERGY TO BEE/WASP/INSECT BITES/FOOD 2025-2026

			Bus No. morning:
Student Name:	Address:		Bus No. afternoon:
Parent/Guardian:	Phone:	Work Phone:	Cell Phone:
Alternate Contact for Emergency:		Relationship:	Phone Nos.:
■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■		DO THIS:	
Student is stung by a bee/wasp or insect or notifies bus	s driver		tudents to remain in their seats.
he/she is having an allergic reaction		2. Evaluate student's condition. Notify parent.	
		3. If ice or cold packs are available, place over the sting and hold in place. Keep student calm. Monitor student's condition.	
		<ol> <li>If parent has a special medication to control allergic reaction, it can be brought to the site and administered by the parent.</li> </ol>	
If student develops hives, facial swelling and/or difficul	lty breathing	Call 911.     Monitor condition until prope	er help arrives and be prepared to give CPR if trained.
Additional parent concerns or request:			
approve of the above procedure for my child. I amatransported to the emergency room by ambulance.			bus, the driver/monitor/alternate will have my child
Parent/Guardian		Date	
Administration		Date	
Driver and/or Monitor		Date	