Services de transport des élèves du Sud-Ouest de l'Ontario
www.monbusjaune.ca

Southwestern Ontario Student Transportation Services
www.mybigyellowbus.ca

Emergency Administration of Epinephrine (EPI PEN) Form 5.4A

Southwestern Ontario Student Transportation Services ("STS") recognizes that during the regular course of home to school transportation, it may be necessary to immediately administer the medication epinephrine, using the EPIPEN auto-injector, to students who have a life threatening allergic reaction. It is the role of STS to support transportation service providers in implementing this measure, noting that should a bus driver have occasion to administer an EPIPEN auto-injector, he/she does so in accordance with the policy of STS, and applying the "in loco parentis" principle, not as a health care professional.

Student Information

Student Name:	DOB: (mm/dd/yyyy)	Place Student Photo Here
Parent/Guardian Name:		
Address:		
Telephone #:	Alternate Telephone #:	
Emergency Contact Name:	Telephone #:	

Please check all that apply:
The child has a potentially life threatening allergy (anaphylaxis) to:
☐ Peanut ☐ Tree Nuts ☐ Wheat ☐ Egg ☐ Milk ☐ Insect Stings (bees/wasps) ☐ Latex

☐ Other _____

☐ Medication _____

Physician's Statement

In my opinion, the following procedure is medically appropriate for the above-named student and should be administered during school transportation if required.

☐ An EpiPen Auto-Injector

I confirm that I have explained fully the nature, effect and possible side effects of such treatment to the pupil and to the parent and/or guardian.

Physician's Name (Print) _____ Phone Number:_____

Physician's Signature_____ Date: _____

Parent/Guardian Authorization and Release

Notice of Collection Statement Special Needs/Medical

I _____acknowledge that STS services will be provided on
(Parent/Guardian Signature)
the terms described herein and in STS policy and procedure 5.4. I agree to inform STS as soon as any of the information on this form changes. I consent to the sharing of this information between STS, the school board and the service provider for the purpose of student transportation arrangements. Where necessary, I hereby permit STS to access any personal/medical information held by STS and/or the School Board and to share this information with the School Board and the service provider for the purpose of safely transporting students.

For STS Use Only

School Vehicle Operator	
AM Stop Location	AM Run ID
PM Stop Location	PM Run ID

Notice of Collection: *Southwestern Ontario Student Transportation Services ("STS") acts on behalf of your school board and contracts transportation service providers to arrange transportation to and from school for eligible students. The personal information you provide on this form will be shared with the relevant staff of STS, school board and transportation provider for the purpose of providing appropriate and safe transportation. The information collected is treated as described in our privacy policy and in accordance with applicable laws.*

April 2010