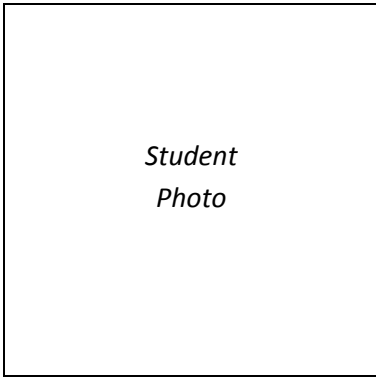


RIVERSIDE LOCAL SCHOOLS

SCHOOL TRANSPORTATION ACCOMODATION FORM



Student
Photo

Please see below to provide instructions if student requires emergency medication while using school transportation and/or special considerations and safety precautions (regarding school activities, sports, trips, etc.):

In acknowledgement of the Riverside Local School District decision to insure student access to emergency medications to and from school:

I _____ give permission for :
(Parent/Guardian Name)

Student Name: _____ DOB: _____

Class: _____

- To carry the following medication in his/her backpack for emergency use during transportation; medication management will be supervised by the transportation staff if needed during transportation; and by the clinic staff during school hours:

(There must be a current Care Plan/Action Plan on file in the School Clinic.)

- Epinephrine autoinjector
- Benadryl
- Metered Dose Inhaler (specify): _____
- Diastat
- Other (specify): _____

- To carry and self-administer the following medications:

(A separate Authorization for Possession and Self- Administration form must be completed and signed by the provider and parent.)

- Epinephrine autoinjector
- Metered Dose Inhaler (specify): _____

Parent Signature: _____

Physician Name: _____

Physician Signature: _____

Date: _____

Special Considerations/Instructions:-----
