PEPPERMINT TRANSIT LLC PH: 918-928-2997 FAX: 800-420-3496

Emergency Response Medical Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form must be completed for each child that will be using PEPPERMINT TRANSIT, LLC. For additional children just complete Section 1 if all other information is the same.

SECTION 1

Student's Name: _____

DOB_____ Age_____ Home Phone_____

Address: _____

City & State: _____ Zip Code: _____

SECTION 2

Name of parent(s): _____

Mother's Contact Phone: _____

Father's Contact Phone: _____

SECTION 3

Names and addresses of persons nearby student's school or residence who have consent to care for the student if the parents are not available.

Name	Name
Address	Address
Phone	Phone

MEDICAL SECTION 4

Please check any of the following that applies to your child:__Asthma__Heart Disease__Diabetes__Chronic Respiratory Problems__Blind__Deaf__Non-Verbal__Allergies, if so to what

_____ _____

__Seizures: How long do they last?_____How often do they occur?_____What does the driver need to do or know to respond?_____

Is your child on medication___Yes___No, If yes, what and does the child know how to distribute medication? (Drivers ARE NOT permitted to dispense medications)

Family Doctor / Pediatrician: _____

Medical Provider Address: _____

Medical Provider Contact Phone: _____Hospital Preference:_____

PARENTS: Please notify KBT or your driver if your child is sick and will not need transportation for the day to avoid a trip charge of $20

Please complete this section regarding medical response:

- ✓ Contact the family doctor……___Yes___No
- ✓ Contact any doctor available……___Yes___No
- ✓ Contact EMSA……___Yes___No
- ✓ Transport to designated hospital……___Yes___No
- ✓ Perform CPR……___Yes___No

Any special medical care directions, behavioral, considerations or other helpful information for driver to be aware of ___Yes___No. If so, what are they?

_____

_____

_____

_____

As the parent or guardian of the above student name, I agree to one of more of the above procedures as indicated and agree that this information be shared with my child's transporter and understand "CONFIDENTIALITY WILL BE MAINTAINED"

Date: _____Parent / Guardian Signature: _____

Thanks for your help in protecting your child's medical circumstances