

Henderson County Schools

1805 Second Street
Henderson, Kentucky 42420
Telephone: (270) 831-5000 Fax: (270) 831-5009



MEDICAL PLAN – ADMINISTRATION/TREATMENT ON A SCHOOL BUS

I, _____ state that I am the parent and/or legal guardian of
Parent/Guardian Name
_____. I further state that he/she has a medical condition which may require
Student Name
the administration of _____ in an emergency situation. As such:

_____ I hereby give my permission to the Henderson County School System for a trained
Type of Treatment
employee to administer _____ to my son/daughter should the need arise while
Type of Treatment
my child is being transported on a school bus.

_____ I decline to give my permission to the Henderson County School System for a trained
employee to administer _____ to my son/daughter should the need arise while my
Type of Treatment
child is being transported on a school bus. In doing so, I understand that, due to concerns for the
safety of my child, he/she will not be allowed to ride the bus.

It is hereby understood and agree that _____ shall only be admin-
Type of Treatment
tered by an individual who has been trained by a certified health professional to administer
_____. I have been advised that training for all bus drivers, substitute bus
Type of Treatment
drivers, and bus monitors who care for my child will be provided by _____ on

_____. I further understand and acknowledge that the Henderson County
Date
School System encourages all parents and/or guardians of children who may require the
administration of _____ to attend the training session. As such, I hereby state:

Type of Treatment
() I will attend the training session on _____.
Date

() I choose not to attend the training session.

Parent/Guardian Signature

Date

Henderson County School Official

Date