

**OSTA**Ottawa Student
Transportation
Authority**ANAPHYLAXIS EMERGENCY TRANSPORTATION FORM**

Student Name: _____

Student #: _____

Address: _____

Phone #: _____

School: _____

Grade: _____

STUDENT'S
PHOTO
HERE

Life Threatening Medical Condition: _____

Location of Auto Injector Pen on pupil (if not indicated above): _____

Applicable Board's consent form for administration of medication on file ☐ YES ☐ NO_____
(Principal's Signature)_____
(Date)

1. Use of this form is to be limited ONLY to pupils with life threatening conditions that may require the emergency administration of an epinephrine auto-injector who take a school bus.
2. This form shall contain a clear and recent photograph of the pupil.
3. Schools are to forward (3) copies of this form to the Ottawa Student Transportation Authority (OSTA). Forms are NOT to be given directly to the driver/transportation provider.

TRANSPORTATION INFORMATION:**Pickup Bus:** (ROUTE #)**Drop Off Bus:** (ROUTE #)**DISPATCH PROCEDURES:**

1. Obtain exact location and time of administration.
2. Call 911.
3. Call Principal of _____ School at _____ (phone number).
4. Maintain radio contact.
5. Call OSTA General Manager (or designate) at 613-224-8800 ext. 2580.