



Washoe County School District  
Student Health Services

**CONFIDENTIAL BUS HEALTH CARE PLAN**  
**Medical Condition:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ ID# \_\_\_\_\_

**SPECIAL PRECAUTIONS/ PREVENTATIVE MEASURES:**

**EMERGENCY ACTIONS FOR BUS PERSONNEL**

**Symptoms:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Difficulty breathing, sickly color, sweating, dizziness
- Unconscious or semi-conscious

**Actions:**

- Contact Dispatch to contact 911, Student Health Services, and Parent/guardian
- Remain with student until help arrives
- If trained in CPR, begin standard emergency rescue measures
- Do not move student unless in immediate physical danger