



Appendix A INDIVIDUAL TRANSPORTATION/HEALTH PLAN

Plan Date:	School Grade
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Student Name:	Date of Birth	Student ID #
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Parent /Guardian

Medical Needs/Requirements:		
<input type="checkbox"/> Seizures/Epilepsy	<input type="checkbox"/> Needs Monitor	<input type="checkbox"/> Medication
<input type="checkbox"/> Medically Fragile	<input type="checkbox"/> Severe Behaviour	<input type="checkbox"/> Diabetic
<input type="checkbox"/> Physical Injuries	<input type="checkbox"/> Breathing Problems	<input type="checkbox"/> Vision Difficulty
<input type="checkbox"/> Anaphylaxis (Epi-Pen)	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Muscular Difficulty
Identify allergies:	<input type="checkbox"/> Hearing Difficulties	<input type="checkbox"/> Asthma
	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Inhaler

Mobility	Equipment	Behavioural
<input type="checkbox"/> Can enter vehicle unattended	<input type="checkbox"/> Wheelchair:	<input type="checkbox"/> Non-verbal
<input type="checkbox"/> Can exit vehicle unattended	<input type="checkbox"/> Walker	<input type="checkbox"/> May wander
<input type="checkbox"/> Can sit unattended	<input type="checkbox"/> Requires a seatbelt	<input type="checkbox"/> May be aggressive
<input type="checkbox"/> Requires physical aids	<input type="checkbox"/> Insulin Pump	<input type="checkbox"/> May become disoriented
<input type="checkbox"/> Needs to be lifted into seat	<input type="checkbox"/> Vest: _____ inches	<input type="checkbox"/> May remove clothing
<input type="checkbox"/> Requires a bus buddy	<input type="checkbox"/> Buckleguard	<input type="checkbox"/> May run
<input type="checkbox"/> Other	<input type="checkbox"/> Service Animal	<input type="checkbox"/> May be self-injurious
	<input type="checkbox"/> Oxygen	<input type="checkbox"/> May undo belt/vest
	<input type="checkbox"/> Oxygen Tank Holder	<input type="checkbox"/> May throw objects
	<input type="checkbox"/> Tray	<input type="checkbox"/> May be loud and scream

Requires Seating Plan

Requires Bus Safety Plan

Please provide any other information that the driver needs to know to safely transport this child.

I certify as per WESTS procedures, the family has been informed that the bus company will contact 911 in the case of a medical emergency on the school bus.

Parent/Guardian have participated in providing this information and understand theirs or the listed designates responsibility for proper securement of any equipment.

Completed by:	Date:
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