

GGAM IBT BUSSING COMMITTEE

6-2400 Dundas Street West
Suite 415
Mississauga, ON L5K 2R8

Tel (905) 274-2391 x766
Website: www.ggam.ca
Email: contact@ggam.ca

Medical Information Form

Please complete this form if your child has a medical condition that may affect his or her transportation. Please print.

Date: _____

Student Name: _____ ID: _____

Does your child have an allergy? yes / no

Does your child carry an epi-pen? yes / no

If your child carries an epi-pen, please give a brief explanation of the reason, the circumstances under which it may need to be used and the extent of the assistance that he or she may require if it needs to be used.

Does your child have any other medical condition that may affect the transportation of the student? Please explain.

I understand that the foregoing information will be disclosed to First Student Canada, the bussing company for the GGAM IBT Bussing Committee. I understand that neither the bussing company nor the GGAM IBT Bussing Committee can guarantee an allergy free environment while transporting the student to and from school.

Signature of Parent/Legal Guardian