#### **IMPORTANT - Please read the following before completing this form:**

• This form must be completed by the student's parent/carer if a student has recently applied for transport assistance or if a student is currently travelling on an 'orange' school bus but has a change to their personal circumstances that require one of the below conditions / situations being managed during travel:

Medical condition	- Section B
Attends an Education Support Facility	- Section C
Behavioural Issues	<ul> <li>Section D</li> </ul>
Physical mobility / impairment requirements	<ul> <li>Section E</li> </ul>

Complete Section A and all the applicable sections

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- The information provided in this form and any other supporting information will be used to determine the
  most appropriate transport solution for the student. In rare situations the provision of bus transport may be
  considered unsuitable. In the event that bus transport is not considered appropriate, eligible students may
  be entitled to a conveyance allowance. Failure to disclose all essential information may result in transport
  being withdrawn.
- The Integrated Care Plan (ICP), which is completed after a request is considered, will include information about the student's requirements, medical condition and any action required by bus staff in the event of an emergency.
- Drivers and Bus Aides will not administer any medication without the prior written consent of the PTA. However, the administering of medication in emergency situations is managed differently and School Bus Services (SBS) must understand those needs when developing an ICP.
- In an emergency, information contained within the ICP may be provided to: emergency services, hospitals or staff of the student's school.
- If any of the student's circumstances change, the parent / carer must inform the Driver and/or Bus Aide as soon as possible.

### **Section A**

### **Student / Family Information**

1.	Parents	s / Carer	Details
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Family Name:   (Mr / Mrs / Ms)   Given Names:						
Relationship to the student (e.g. paren	it, grandparent, carer):					
Residential / Property Address:						
		Postcode:				
Home Telephone:	Work Telephone:	Mobile:				
Email:	(Email is the SBS	's preferred method of communication with families)				
2. Student's Details						
Family Name:	Given Names:					
Date of Birth: / /	Year of Study:					
School / Education Facility being attend	ded:					

#### 3. Emergency / Alternative Contacts

If approval is to be given for the student to travel on an 'orange' school bus, you must provide at least two emergency / alternative contacts. These are the names and contact numbers of people who:

- will be within close proximity to the bus route at the times the student will be travelling; or
- would be able to take care of the student in the event he / she needs medical attention.

Note: You must get permission from the people you nominate as emergency contacts before you nominate them.

As the applicant, are you the ma	Yes	No		
Emergency Contact 1				
Family Name:	(Mr / Mrs / Ms) Given Names:			
	e student will be travelling:			
	Mobile/s:			
Emergency Contact 2				
Family Name:	(Mr / Mrs / Ms) Given Names:		 	
Address or location at the times the	ne student will be travelling:		 	
Home Telephone:	Mobile/s:			

**Section B** 

### **Medical Information**

Note: School Bus Staff will not administer routine medication. Information on medication is gathered to understand the needs of the student whilst travelling on an 'orange' school bus and to enable SBS to make a decision regarding an appropriate transport solution. It will also assist in developing the appropriate plan to manage the student's needs in an emergency situation.

#### **Medical Condition:**

Describe the student's medical condition, including any known allergies:

#### **Triggers and Symptoms**

Describe what triggers the student's condition (e.g. fumes, bee stings, contact with peanuts):

Describe the warning signs /			
i lescrine the Warning signs /	evmotome that the stillent	: WOLLIG STOW/ OT 20 IM	nending occurrence.

Describe the regularity of occurrences:			
Date of last occurrence:	/	1	
Number of occurrences in the last:	6 m	onths	12 months
Describe the severity of these occurrences:			

#### **Other Requirements / Information**

Provide any other information that will assist in the safe management of the student's medical condition whilst travelling on the school bus:

Please enclose any supporting medical reports that may assist in understanding the student's requirements.

#### **Behavioural Issues Associated with Medical Condition**

Describe any behavioural issues that may arise as a result of the student's medical condition (e.g. Autism):

#### Will the student require medication whilst travelling on the school bus?

If Yes, is the medication:	Yes 📃	No 🗌
1. Routine / Regular	Yes	No 🗌
2. Emergency (e.g. Epipen, Asthma Puffer)	Yes	No 🗌

If yes, list the medication and how the medication is to be given, including if the medication is to be self administered:

Section	n C	E	Educa	atio	n Support		
1. Specif	fic Requirements	(Please tick t	the appr	ropriat	e box/es)		
Eating:	Able to eat unaided Nil by mouth	Yes	No No		Requires assistance to eatYesNoDiabetic eating requirementsYesNo		
Communi	<b>cation:</b> Verbal Sign	Yes	No No		Other:		
Toileting	Independent Nappy	Yes	No No		Other:		
Please pro	ovide details for the ab	ove Specific F	Require	ment	5:		
Restraints:         Postural Restraints:       Yes       No       Behaviour Restraints:       Yes       No       Please note:         Please note:       If 'Yes' to the above, additional authorisations maybe required.         2. Drop-off Instructions       (Please tick one instruction only)         I will meet the student at the bus stop / kerb at all times.         The student may walk to the house independently after a carer or I have signalled the driver (i.e. the bus should not move away until the student has entered the house).         Note:       Any other arrangements outside of the above must be discussed with the bus contractor.							
Respite Fa	acility Name:						
Telephone	:				Email:		
Sectior	n D		Beh	avio	our		
Behaviour Management							
			-		urs? (Please indicate Yes or No to each item)		
Self injurio	ous behaviour (e.g. bai	ngs head, bite	s hand)	).	Yes No		

Aggressive behaviour towards others (e.g. bites, scratches, spits, kicks).	Yes	No	
Destructive behaviour (e.g. tearers upholstery, hits windows).	Yes	No	
Dangerous behaviour (e.g. gets out of seat, throws objects).	Yes	No	
Distracting behaviour (e.g. crying, screaming, swearing).	Yes	No	

If you ticked Yes to any of the items above, please describe the behaviour and any solutions used:

Does the student display any other behaviours that could place other students If Yes, please describe these behaviours:	
When are the behaviours most likely to occur? Morning	Afternoons
Are there triggers for the behaviour (e.g. loud noises, change of routine)? If Yes, please describe them:	Yes No
What can be done to calm the student when distressed (e.g. favourite toy, food,	reinforcers)?
Please provide any other information that would assist in providing safe trans	port for the student:

## Section E

## **Physical Mobility / Impairment**

Describe the student's physical mobility:				
Mobility: Requires assistance with steps?	Yes 📃 No 📃	Requires walking aid?	Yes 🗌	No 🗌
Support Harness required?	Yes 📃 No 📃	If yes, type of aid (e.g.	frame etc):	
Other:				

Describe the restrictions the student has in regard to travelling on a bus including accessing the existing bus:

Miles Islands Days to see (							
Wheelchair Requirement	S						
Is the student in a wheelchair	?		Yes	No 🗌			
If 'Yes' please complete the fe	ollowing:						
Description of Wheelchair							
Make:	M	odel:			Powered / Manu	ual (cross out	)
Visually Impaired:							
Total Visual Impairment?	Yes	No		Equipment R	equired:		
Partial Visual Impairment?	Yes 🗌	No					
Hearing Impaired:							
Total Hearing Impairment?	Yes 🗌	No		Partial Hearir	ng Impairment?	Yes 🗌	No 🗌
Communication Requirement	ts:						
Other Impairments:							
Description:							

### **Parent / Carer Declaration**

I declare that I have provided all relevant information concerning the student and his / her medical condition or disability, and I confirm that I understand the following:

- I am responsible for the student's well-being;
- I understand that it is a condition of travel that I keep School Bus Services, the Driver and Bus Aide
  informed of any changes to circumstances including the student's medical condition or disability;
- Drivers and Bus Aides will not administer medication to students travelling on 'orange' school buses;
- If the student needs medical attention, the contractor / driver is authorised to take any or all actions
  as described in the Integrated Care Plan;
- If the student's medical condition worsens, School Bus Services will review the ongoing provision
  of travel on the school bus in consideration of the change to circumstances; and
- All students must obey the Code of Conduct for travel on 'orange' school buses.

Signature of Parent / Carer		Date / /
Once completed and signed, send to:	100	
School Bus Services	SOVERNMEN SOVERNMEN	525
P.O. Box 8125	(a) Public Transport Authority	
Perth Business Centre	Authority	

Or Fax to: 9326 2781

Western Australia, 6849

Or Email to: Schoolbus@pta.wa.gov.au

SchoolBus

Services