

SCHOOL BUS INCIDENT FORM/ EMS MULTIPLE CASUALTY RELEASE FORM



All individuals on the bus, ages 18 and older, should sign in the indicated space next to their name. A parent or legal guardian should sign in the indicated space next to their child's name. A signature indicates that no EMS treatment/ transport is requested at this time.

Date	Location		School District	Bus #
Time of Incident	Department Alarm/ Run Number		Total Patients	Total Transported Total Refused
Adult Name (age 18+)	Function/Role	Address & Phone Number		Signature
Child/Student Name	Age/DOB	Address & Phone Number		Signature of Parent or Guardian 18 years or older

EMS has determined those persons listed above do not require EMS treatment/ transport. Medical Control was contacted and approved release to the custody of school officials, parent or guardian, or to self if age 18 or older.

Name of EMS Provider

Name of School-Authorized Representative

EMS Signature

Date

School-Representative Signature

Date

NOTICE OF EMERGENCY MEDICAL SERVICES RESPONSE TO A MINOR

Date: _____ From: _____

Child's Name: _____

Members of our Emergency Medical Services agency were called to evaluate your son/daughter/ward today because of an incident.

After responding to the above situation, we evaluated your child. Based on our assessment and statements made by the child, it was determined that he or she did not require emergency care and/or transportation to an Emergency Department at that time.

Whereas your child is a minor, it is our duty to inform you of this incident so that an informed decision can be made as to whether follow-up evaluation with a physician is desired.

The child was released to a designated school representative who accepted further responsibility for the child. If you desire additional information, please contact the responding EMS agency.