

**EMS MULTIPLE CASUALTY RELEASE FORM**  
 Region 2  
**School Bus Incident**

Date: \_\_\_\_\_ Run/Incident Number: \_\_\_\_\_

Agency: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Location: \_\_\_\_\_ Number of Victims: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

School Name/ District: \_\_\_\_\_ Bus Company \_\_\_\_\_

Bus Driver: \_\_\_\_\_ School Official (print): \_\_\_\_\_

Last Name	First Name	DOB	B/P	Pulse	RESP

**Signatures:**

School Official \_\_\_\_\_ Title \_\_\_\_\_

EMS Crew: \_\_\_\_\_ EMS Crew: \_\_\_\_\_

EMS Crew: \_\_\_\_\_ EMS Crew: \_\_\_\_\_

BUS FORM CONTINUED:

Last Name	First Name	DOB	B/P	Pulse	RESP

**Signatures:**

School Official \_\_\_\_\_ Title \_\_\_\_\_

EMS Crew: \_\_\_\_\_ EMS Crew: \_\_\_\_\_

EMS Crew: \_\_\_\_\_ EMS Crew: \_\_\_\_\_

**BUS FORM CONTINUED:**

Last Name	First Name	DOB	B/P	Pulse	RESP

**Signatures:**

School Official \_\_\_\_\_ Title \_\_\_\_\_

EMS Crew: \_\_\_\_\_ EMS Crew: \_\_\_\_\_

EMS Crew: \_\_\_\_\_ EMS Crew: \_\_\_\_\_