

REGIONAL II
EMS SYSTEMS

EMS MULTIPLE CASUALTY RELEASE FORM
(SCHOOL BUS INCIDENT)

Run # _____ Location: _____

Date: _____ Medical Control Contacted: _____

Time: _____ ECRN/M.D.: _____

Ambulance #: _____ Telemetry Radio Used: _____

Description of Incident: _____

of Victims: _____ School District: _____

Bus Company: _____ Driver: _____

School Official/Designee Present: Yes ___ No ___ How Contacted: _____ Arrival Time: _____

Police at Scene (Name/Badge#) _____

The following children were involved in the above School Bus Incident. They have been medically triaged and no injuries were found. The appropriate School official/designee has been advised to **CALL 911 IMMEDIATELY** if there is a change in any of the children that raise any suspicion of potential injury.

NAME

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

Print: _____ DOB/AGE: _____

School Official/Designee

Signature: _____ Print: _____

EMS Personnel, Triage Officer: At least three (2) EMT Personnel Signatures and one Witness:

1. _____ EMT

2. _____ EMT

1. _____ Witness