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: _____

1 of 3

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: _____

Revised: 8/15