

**McLean County Area EMS System
EMS Multiple Casualty Release Form (School Bus)
Region 2**

Date: _____ Time: _____ Run Number: _____

Agency: _____ Unit Number: _____

Description of Incident: _____

Location: _____

School District: _____ Bus Company _____

Bus Driver: _____ Medical Control Number: _____

School Official (print name and title): _____

The following children were involved in the above bus incident. They have been medically triaged and evaluated by EMS personnel (as noted below) and have found to have no obvious or apparent injuries.

Student Name and DOB/Age	Notes
#1 _____	_____
#2 _____	_____
#3 _____	_____
#4 _____	_____
#5 _____	_____
#6 _____	_____
#7 _____	_____
#8 _____	_____
#9 _____	_____
#10 _____	_____
#11 _____	_____

#12 _____
#13 _____
#14 _____
#15 _____

Incident Categories

- **CATEGORY A: Significant mechanism of injury** (i.e. rollover, high-speed impact, intrusion into the bus, etc.) – school bus occupancy indicates that at least one child may reasonably be expected to have significant injuries or significant injury is present in one or more children. All children in this category must be transferred to an appropriate hospital unless a Peoria Area EMS System refusal form is signed by a parent or legal guardian.
- **CATEGORY B: Suspicious mechanism of injury** (i.e. speed of impact, some intrusion into the bus, etc.) – school bus occupancy indicates that at least one child may reasonably be expected to have minor injuries or minor injury in one or more children exists with no obvious mechanism of injury that could reasonably be expected to cause significant injuries. EMS personnel must complete the EMS Multiple Casualty Release Form and secure a signature of an appropriate school official.
- **CATEGORY C: No obvious mechanism of injury** – school bus occupancy indicates no injuries may be present and that the release of uninjured children may be the only EMS need. No injuries are found to be present in any of the children. EMS personnel must complete the EMS Multiple Casualty Release Form and secure a signature of an appropriate school official.
- **CATEGORY D:** If the pediatric patient(s) have **special healthcare needs** and/or communication difficulties, then all these patients must be transported to the hospital for evaluation unless approval for release is received from Medical Control or a parent/legal guardian has signed the approved refusal form.

Signatures

By signing this form, the School Official (Principal or Superintendent) assumes all care and custody of the assessed students above. They have been made aware that the students have been assessed by EMS personnel, and it is understood that this is not a substitute for a medical evaluation by a doctor. EMS personnel have also advised the School Official to **CALL 911** if any of the involved children have any change in condition that may raise a suspicion of potential injury.

School Official: _____

EMS Crew: _____

EMS Crew: _____