



LOYOLA EMS SYSTEM SCHOOL BUS INCIDENT RELEASE FORM

Provider _____ Unit # _____ Date _____ Time _____

License # _____ Incident # _____ Location _____

School District _____ Bus # _____ Page 1 of _____

Total # Persons _____ # Persons Transported _____ # Persons not Transported _____

This form is solely intended for use during responses to low-speed collisions involving a school bus which contained one or more minors at the time of impact. In the event that the force and/or dynamics of the impact can be reasonably be expected to have caused significant injury to the occupants of the school bus, the Loyola EMS Provider should initiate treatment and response procedures per the applicable Multiple Victim Incident (MVI) or Mass Casualty Incident (MCI) SMO.

This form is intended to document the names and personal information of **ONLY UNINJURED** individuals who do not require transport. The procedure for determining if a minor involved in a school bus incident is eligible for release shall be completed in accordance with the algorithm and stipulations described within Loyola EMS System policy 200.10a (Release of Uninjured Students from School Bus Crash Scenes). Documentation for any individual who requires treatment or transport shall be completed in accordance with the requirements specified in the applicable Multiple Victim Incident (MVI) or Mass Casualty Incident (MCI) SMO.

Any individual 18 years of age or older should provide initials in the indicated space to attest that they are uninjured. Individuals who are younger than 18 years of age will require the initials of their parent/guardian or the authorized school representative signing the release form to attest that the individual is uninjured. Initials indicate that no injury has been sustained and that no treatment or transport are required.

<u>Adult Name (non-student)</u>	<u>Function (e.g. driver, teacher, chaperone, etc.)</u>	<u>Home Address and Telephone</u>	<u>Initials</u>

<u>Student Name</u>	<u>Age</u>	<u>Home Address and Telephone</u>	<u>Initials of parent/guardian or authorized representative</u>

The individuals listed above have been determined to be uninjured. Online medical control has approved of the release of all of the above minors to the custody of their parent/guardian or authorized school representative.

Name of Primary Patient Caregiver (print)

Name of Authorized School Representative (print)

Signature Date

Signature Date