

LOYOLA EMS SYSTEM SCHOOL BUS INCIDENT RELEASE CONTINUATION FORM

Provider	Unit #		Date			
School District	Bus #		Page of			
Total # Persons	# Pe	rsons Transported	# Persons not Transported			
Adult Name (non-student)	Function (e.g. driver, teacher, chaperone, etc.)		Home	Address and T	<u>Celephone</u>	<u>Initials</u>
Student Name	Age	Home Address		ephone	Initials of parent/guardian or authorized school representative	
The individuals listed above have above minors to the custody of th					roved of the release	e of all of the
Name of Primary Patient Caregiv	Na	Name of Authorized School Representative (print)				
Signature Date		Si	Signature			