

**Peoria Area EMS System
EMS MULTIPLE CASUALTY RELEASE FORM**

Date: _____ Time: _____ Run/Incident Number: _____
Agency: _____ Unit Number: _____
Location: _____ Number of Victims: _____
Description of Incident: _____
School District: _____ Bus Company: _____
Bus Driver: _____ School Official: _____

The following children were involved in the above school bus incident. They have been medically triaged by EMS personnel and no obvious or apparent injuries were found. The school official signing this form assumes responsibility for the children and is advised the evaluation the children received is not a substitute for medical evaluation by a doctor. The school official was instructed to CALL 911 if there is any change in any of the children that may raise any suspicion of potential injury.

Name (Print)	DOB/Age
Child #1 _____	_____
Child #2 _____	_____
Child #3 _____	_____
Child #4 _____	_____
Child #5 _____	_____
Child #6 _____	_____
Child #7 _____	_____
Child #8 _____	_____
Child #9 _____	_____
Child #10 _____	_____

Signatures

School Official: _____
EMS Crew: _____
EMS Crew: _____