

Region IX EMS Plan
SCHOOL BUS INCIDENT Log

All individuals on the bus age 18 and older should initial in the indicated space adjacent to their name when uninjured. Parent/legal guardian should initial in the indicated space adjacent to their child's name when uninjured. Initials indicate agreement that no injury has been suffered and no transportation is required to the hospital.

Date:	Location:	District name:	Bus number:
Time of incident:			

Run report #:	Dept. alarm #:	Total # of persons:	# transported:	# not transported:

Adult name (Non-student)	Function	Address and Telephone	Initials
	Driver		

Child/student name	Age	Address and Telephone	Initials if age \geq 18 or parent/guardian

The children/students listed above have been determined to be uninjured. Medical control has been contacted and approved release to the custody of school officials (or parent/legal guardian) or to self if age 18 or older.

 Name of (EMS) Ambulance Service Provider

 Name of School authorized representative

Signature

Date

Signature

Date

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_____		_____	
Name of (EMS) Ambulance Service Provider		Name of School authorized representative	
_____		_____	
Signature	Date	Signature	Date
		School District Representative	