

MORRIS HOSPITAL EMS SYSTEM
SCHOOL BUS MOTOR VEHICLE COLLISION-STUDENT MULTIPLE RELEASE FORM

Agency: _____ Date: ____ / ____ / ____ Time: ____ : ____ # of Vehicles: ____

Location of Call: _____ Brief Description of Call: _____

School Bus Company: _____ School Bus #: _____ Bus Driver: _____

School Name: _____ School Principal/Agent Name: _____

Total # of pt's: _____ Total # of pt's Transported: _____ Total # of pt's with Releases: _____

State Run Form#: _____ Agency Incident#: _____ Resource Hosp. Log #: _____

Time of Call: ____ : ____ On Scene: ____ : ____ In Service: ____ : ____ Total Scene Time: _____

Was School Bus Returned to School with Refusal Students? **YES / NO**, EMT on Bus During Return: **YES / NO**

RELEASE FROM MEDICAL RESPONSIBILITY

After a careful and thorough assessment of school bus passengers by respond EMS agency personnel, indicated by refusal of treatment or transport services, no injuries, illness or complaints were revealed. If any complication should arise later, it is recommended a private physician be consulted. I/we hereby refuse the emergency medical services, treatment and/or transport to a medical facility offered and advised by the above named provider. I/we hereby release Morris Hospital and Healthcare Centers and its emergency nursing personnel and physicians of any further responsibility and acknowledge that I have been advised by the ambulance personnel that I should seek treatment if necessary, which I/we are refusing, and acknowledged by my signature below. I hereby release the above named parties from any and all claims of liability in connection with this incident. I further understand I and the school district is accepting responsibility for contacting parents/guardians in regards to this incident.

(PLEASE PRINT)

STUDENT NAME: _____ AGE: _____ SEX: M – F GRADE: _____

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STUDENT NAME: _____ AGE: _____ SEX: M – F GRADE: _____

STUDENT NAME: _____ AGE: _____ SEX: M – F GRADE: _____

SCHOOL AGENT: _____ AGENT SIGNATURE: _____

AMBULANCE CREW MEMBERS

1. _____ SYSTEM #: _____

2. _____ SYSTEM #: _____

3. _____ SYSTEM #: _____

4. _____ SYSTEM #: _____