

**MANITOWOC COUNTY EMS ASSOCIATION  
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: \_\_\_\_\_