Southern Illinois Regional EMS System

A-20.2 SCHOOL BUS INCIDENT LOG

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•	•	•	ortation to the hospital is required or re	•	
Date:	Time:	Location	1:		
School Distri	ct Name:		Bus Number:	<u>.</u>	
Total # of Pe	rsons:	# Transported:	: # Not transported:		
A	dult Name	Function	Address & Telephone	Initials	
Child	/Student Name	Age	Address & Telephone	Initials	
The children/stu			d. Medical Control has been contacted and apguardian, or to self if age 18 or older.	proved release to	
Name of EM	S Ambulance Provide	er	Name of School authorized repre	esentative	
Signature		Date	Signature	Date	

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All individuals on the bus age 18 and older should initial in the indicated space next to their name when uninjured. Parents/legal guardians are to initial next to the student's name when uninjured. Initials indicate agreement no injury has been suffered and no transportation to the hospital is required or requested.

Child/Student Name	Age	Address & Telephor	ne Initials	
		njured. Medical Control has been contacted egal guardian, or to self if age 18 or older.	and approved release to	
Name of EMS Ambulance Provider		Name of School authorized representative		
Signature	Date	Signature	Date	