



**DEPARTMENT OF EDUCATION  
SCHOOL HEALTH COUNSELOR  
POST-BUS CRASH SCREENING  
NOTIFICATION LETTER**



**School:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Dear Parent/Guardian,**

Your child \_\_\_\_\_, D.O.B. \_\_\_\_\_ was involved in a bus crash \_\_\_\_\_ (date) while riding the school bus. Emergency Medical Services (EMS) were called to the scene and assessed your child. Based on their findings, it was not deemed necessary to transport your child to the hospital at that time. EMS made the decision that your child could be safely transported back to school and/or home. Upon arrival to the school, your child received a “post-bus crash” screening by the School Health Counselor (SHCs) – School Nurse. This screening was performed at \_\_\_\_\_am / pm, and was directed at identifying any immediate life-threatening conditions.

This “post-bus crash” screening is not to be confused with a full medical evaluation by a physician. If the crash occurs in the afternoon after school, students that have been released by the EMS will be re-evaluated by the SHCs in the morning the following day.

School personnel are communicating that at the time of the post screening, the child did not complain of any pain or injury, nor demonstrate any indication that an emergency condition existed. Your child’s vital signs were within normal limits for his/her age at that time as well (*refer to table below*).

**I understand that my child has only received an initial evaluation by EMS and a “post-bus crash” screening by the nurse.**

**I understand that a full medical evaluation has NOT been performed. I understand that if my child complains of pain, or I notice a change in my child’s condition, I need to immediately take my child to the nearest Emergency Room and/or Private Clinic.**

**Name of Parent/Guardian:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Name of School Health Counselor:** \_\_\_\_\_

**Signature of School Health Counselor:** \_\_\_\_\_

**VITAL SIGNS:**

<b>Blood Pressure: mmHg</b>	<b>Heart Rate: per minute</b>	<b>Temperature: F</b>
<b>Saturation: percent%</b>	<b>Respiration: per minute</b>	<b>Pain: (Scale 0 -10)</b>

