MCI FORM/
EMS MULTIPLE CASUALTY RELEASE FORM

Memorial Health

All individuals, ages 18 and older, should sign in the indicated space next to their name. A parent or legal guardian (when applicable) should sign in the indicated space. A signature indicates that no EMS treatment/ transport is requested at this time.

Date	Location			
Time of Incident	Department Alarm/ Run Number	Total Patients	Total Transported	Total Refused

Name	Address & Phone Number	Signature

Name of EMS Provider/Agency

EMS Signature

Date