Glatfelter Brokerage Services SM
56 Clifton Country Road
Suite 205
Clifton Park, NY 12065
800.833.8822
GBSNewYork.com

# School Bus Accident Passenger Injury List

**Bus #:** _____ **Driver:** _____ **Date:** _____

| NAME | SEAT | APPARENT/EXPRESSED INJURY | MEDICAL FACILITY TRANSPORTED TO OR AMBULANCE UNIT |
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*This is a sample guideline furnished to you by Glatfelter Brokerage Services, Group Manager. Your organization should review and make the necessary modifications to meet the needs of your organization. The intent of this guideline is to assist you in reducing risk exposure to the public, personnel, and property.*

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