



**THIS FORM SHOULD BE PRINTED PRIOR TO THE BUS EVACUATION DRILL**



Memphis Shelby County Schools  
Division of Early Childhood

## SCHOOL BUS EMERGENCY EVACUATION DRILL

*(Please complete at the time of the drill and return a copy to your Health and Safety Advisor within 24-hours of drill completion.)*

School/Center: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Bus #: \_\_\_\_\_ Date: \_\_\_\_\_ Number of Students \_\_\_\_\_

Amount of Time Required: \_\_\_\_\_ Minutes \_\_\_\_\_ Seconds

Teacher Signature: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

**For safety and practical reasons, please have your class complete the drill using this method:  
Everyone exits through the front door.**

**\*In a real emergency, everyone exits through the front doors, back door or possibly the windows.\***

**ALL INFORMATION ON THIS FORM MUST BE COMPLETED BY TEACHER**