



Anaphylaxis Incident Review form

<p>Persons attending review meeting:</p> <hr/> <p><i>(suggested attendees: principal, teacher, public health nurse, parent(s)/guardian(s), & relevant school staff)</i></p> <p>Date of Report: _____ Time: _____</p> <p>Name of School: _____</p> <p>Person completing Form: _____</p>
<p>Nature of concern/Incident: _____</p> <p>_____</p> <p>Date Concern/Incident Occurred: _____ Time: _____</p> <p>Place: _____</p> <p>Individuals Involved: _____</p> <p><i>(request attendance at review meeting)</i></p> <p>_____</p>
<p>Details of the Concern/Incident*:</p> <p><i>(attach a separate sheet of notes if required)</i></p> <p>Actions Taken:</p> <p>Follow-up plan & date:</p> <p>*Gather Information: <i>What happened before, during and after the incident? Your response? Their response (Include words and actions)? Witnesses? How did it end? Previous report of concern/incident?</i></p>

Signature of Principal: _____
Signature of PHN: _____
Signature of Parent/Guardian: _____

Copies to :
Student's file
School Board Office
Parent
Public Health Nurse