



Anapylaxis Incident Review form

Persons attending review meeting:

(suggested attendees: principal, teacher, public health nurse, parent(s)/guardian(s), & relevant school staff)

Date of Report: _____ Time: _____

Name of School: _____

Person completing Form: _____

Nature of concern/Incident: _____

Date Concern/Incident Occurred: _____ Time: _____

Place: _____

Individuals Involved: _____

(request attendance at review meeting)

Details of the Concern/Incident*:

(attach a separate sheet of notes if required)

Actions Taken:

Follow-up plan & date:

***Gather Information:** *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?*

Signature of Principal: _____

Signature of PHN: _____

Signature of Parent/Guardian: _____

Copies to :

Student's file
School Board Office
Parent
Public Health Nurse