

ANAPHYLAXIS INCIDENT INVESTIGATION FORM

Date of Report: _____ Time: _____

Name of School: _____

Person Completing Form: _____

Nature of Concern/Incident: _____

Date Concern/Incident Occurred: _____ Time: _____

Place: _____

Individuals Involved: _____

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 Deputy/Associate Superintendent:

Signature of Parent/Guardian: _____

Copies to:

Student's file
School Board Office
Parent
Public Health Nurse