

APF 500 -1 ANAPHYLAXIS INCIDENT REVIEW FORM



Persons attending review meeting: _____

(Suggested attendees: principal, teacher, public health nurse, parent(s)/guardian(s), and 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? What are the lessons learned?*

Signature of Principal: _____

Signature of PHN: _____

Signature of
Parent/Caregiver: _____