School District No.53
(Okanagan Similkameen)

Appendix D

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:

_____

Name of School:

_____

Person Completing Form:

_____

Nature of Concern/Incident: _____

_____

Date Concern/Incident Occurred: _____ Time: _____

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