

## Medical Conditions, Incidents & Emergencies – Monthly Form

### School Information

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Month: \_\_\_\_\_

### Students with Medical Conditions/Anaphylaxis

Number of Students: \_\_\_\_\_

Types of Medical Conditions: \_\_\_\_\_

Anaphylaxis Allergies: \_\_\_\_\_

### Number of Medical Incidents and Emergencies

Did your school experience any Medical Incidents or Emergencies this month?

☐ Yes ☐ No

If yes, please complete the below section:

Number of Incidents and/or Emergencies: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_

Date(s) and Time(s) of Incident or Emergency: \_\_\_\_\_

Types of Medical Conditions/Anaphylaxis Allergies: \_\_\_\_\_

Steps Taken Before, During and After Incident/Emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Principal Authorization

Principal's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_