

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: _____