

## 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?*

Signature of Principal: \_\_\_\_\_

Signature of PHN: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Copies to:**

Student's file  
School Board Office  
Parent  
Public Health Nurse