

MEDICAL CONDITIONS, INCIDENTS & EMERGENCIES

Appendix E – Monthly Form

School Information

School Name: _____

Principal: _____

Month: _____

Students with Medical Conditions/Anaphylaxis

Number of Students: _____

Types of Medical Conditions/Anaphylaxis Allergies:

Number of Medical Incidents & Emergencies

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

If yes, please complete the following sections:

Number of Incidents and/or Emergencies: _____

Name of Student(s):

Date and Time of Incident or Emergency:

Types of Medical Conditions/Anaphylaxis Allergies:
