

Exhibit E—Anaphylaxis Incident Report Form

Student's name: _____

Date of birth: _____ Grade: _____

Date of incident: _____

If known, the location and source of the allergen exposure:

Emergency action taken (attach additional pages if more space is needed):

Were emergency services contacted?

Yes

No

Was an epinephrine auto-injector used?

Yes

No

If yes, who administered the epinephrine?

Student (self-administration)

Staff (provide name and position title):

Other:

Are any changes to procedures recommended?

Principal: _____ Date: _____

Received by: _____ Date: _____

