



School Emergency Incident Form

Instructions: This form is to be completed by the school nurse or other personnel and given to EMS personnel (or parent if parent transports student) along with a printout of the *ACPS Stu Emerg Med Summary* screen from Custom Screens in Power School. (Select **Student > More > ACPS Stu Emerg Med Summary**)

Name of school: _____

Name of student: _____

Significant health history: _____

Known allergies: _____

Medications: _____

Description of Incident: _____

Time on onset: _____

Precipitating factors: _____

Did student lose consciousness? If so, for how long? _____

Symptoms or Characteristics of incident: _____

Any medication given or other intervention and time administered _____

Response to intervention _____

Other relevant information _____

Give EMS personnel the name and contact information of school personnel should they or ER personnel need more information.

Name: _____ **Title:** _____

Phone: _____



Vital Signs

Time:

BP:

R:

HR:

Pulse Ox:

Time:

BP:

R:

HR:

Pulse Ox:

Time:

BP:

R:

HR:

Pulse Ox:

Time:

BP:

R:

HR:

Pulse Ox: