Albemarle County Public Schools

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* from Power School. (Select S**tudent > More > ACPS Stu Emerg Med Summary>[ctrlP**)

Name of School:_____

Name of Student: _____

Significant Health History:_____

_____

Known Allergies: _____

Medications: _____

_____

Description of Incident: _____

_____

Time on Onset:_____

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: _____

ACPS Rev 8/17/2025