

**EMERGENCY RESPONSE REPORT
MANAGEMENT OF ANAPHYLACTIC REACTION**

Date of incident: _____

Person's Name _____ **DOB:** _____

School _____ **Teacher/Grade** _____

Description of exposure incident _____

Person's signs and symptoms _____

Actions taken before administration of medication _____

Time of call to 911 _____ **Person making call** _____

Name of medication administered _____ **Dose** _____ **Route** _____ **Time** _____

Medication administered by _____ **Position** _____

Person's response to medication _____

Other medication administered _____ **Dose** _____ **Route** _____ **Time** _____

Other interventions or occurrences _____

Time paramedics arrived _____ **Incident information given by** _____

Parent/Guardian or other personal contact notified _____ **Time** _____

Method of notification _____ **by staff member:** _____

Time person was transported to emergency room _____

Authorized healthcare provider notified (date/time) _____ **by staff member:** _____

Name of person completing report (print) _____ **Position** _____

Signature of person completing report _____

Incident reviewed by school nurse: Name _____ **Date** _____

Copies of report sent to _____

NOTE: ATTACH ADDITIONAL INFORMATION REGARDING INCIDENT MANAGEMENT AS NECESSARY