

**ANAPHYLAXIS INCIDENT REVIEW FORM**

School District No.53  
(Okanagan Similkameen)

**Persons attending review meeting:**

\_\_\_\_\_  
(Suggested attendees: principal, teacher, public health nurse, parent(s)/guardian(s), and relevant school staff)

Date of Report: \_\_\_\_\_

Name of School: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_

Nature of Concern/Incident: \_\_\_\_\_

\_\_\_\_\_

Date Concern/Incident Occurred: \_\_\_\_\_ Time: \_\_\_\_\_

Individuals Involved: \_\_\_\_\_

(request attendance at review meeting)

\_\_\_\_\_

**Details of the Concern/Incident\*:**

(attach a separate sheet of notes if required)

**Actions Taken:****Follow-up Plan & Date:**

\* Gather Information: What happened before, during and after the incident? Your response? Their response (Include words and actions)? Witnesses? How did it end? Previous report of concern/incident?

Signature of Principal: \_\_\_\_\_

Signature of PHN: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**Copies to:**

Student's File  
School Board Office  
Parent  
Public Health Nurse