Access to Emergency Epinephrine in Schools Act
Incident Report Form

School Name

Your Name: ___________________________ Today’s Date: ______________________

Date and Time of Incident: __________________ Location of Incident: ________________

Grade Age/Sex Dosage & Time Administered
Example: Third Grade 9/girl 1 Dosage Jr PK @12:45p.m.

_____________________________ __________________ ________________

Name and role of person who administered epinephrine: ______________________________________

Was the incident due to a known or an unknown allergy? ☐ Known ☐ Unknown

Suspected allergen: ______________________ How was the auto-injector disposed of? __________

Please describe in detail all events leading up to, including, and immediately following the incident.
________________________________________________________
________________________________________________________
________________________________________________________

Parent /Guardian Contacted? ☐ Yes ☐ No Date and Time: __________________________

If parent/guardian was not contacted, please explain why?
________________________________________________________
________________________________________________________
________________________________________________________

Did the affected person go to the emergency room? ☐ Yes ☐ No ______________________

Who called the ambulance? ____________________________________________________________

________________________________________________________

Signature of person reporting incident Date

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