



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