

Escambia County Public Schools
 Health Services
 J.E. Hall Center
 30 E. Texar Drive; Pensacola, FL 32503
 Phone: 469-5456

MEDICAL EVENT REPORT

Contact District Health Services Coordinator (850-469-5456) and ALOA Coordinator by phone as soon as possible. Form must be completed and submitted within 24 hours. (District Fax # 469-5346).

Called: 911 Parent only

Name of School _____ Date of Event _____ Time of Event _____

Emergency Inhaler Given
 Emergency Nebulizer Given
 Inhaler not available
 Emergency Seizure Med Given
 Epinephrine Given

Name of Person Experiencing Event _____ D.O.B. _____ Event Code _____
 (If student, include student ID #)

Person Experiencing Event
 Student
 Staff
 Visitor

Glucagon Given
 Transported by:
 EMS _____ LifeFlight _____
 Hospital: _____
 Transported by Parent
 Home
 Hospital: _____
 Doctor or Urgent Care

Name and Position of Person Witnessing/Describing the Event _____

Describe event: _____

Persons notified:

| Title | Name | Date | Time |
|------------------------------------|------|------|------|
| Principal | | | |
| Parent/Family Member | | | |
| Physician | | | |
| RN Supervisor | | | |
| ALO A Coordinator | | | |
| District School Health Coordinator | | | |

Signature (person completing report) _____

Date Completed _____

Follow-up information if applicable (to be completed by School Health Office/Coordinator):

Event Codes:

- | | | | |
|---------------------------------|-----------------------|----------------------------|----------------------|
| 1. Allergic Reaction/Allergy Hx | 4. Cardiac/Chest Pain | 8. Drug Overdose/Poisoning | 12. Choking |
| 2. Bleeding | 5. Diabetes/Glucagon | 9. Injury/Fall | 13. Seizure/Diastat |
| 3. Breathing/Asthma | 6. Dizziness/Fainting | 10. Numbness/Tingling | 14. Unresponsiveness |
| | 7. Environmental | 11. Pain (Severe) | 15. Other |