



# East Dubuque Unit School District #119

East Dubuque, Illinois 61025

## Student Incident Report

This report is to be completed for health related incidents such as allergic reactions and seizures.

Person completing form: \_\_\_\_\_

Class/activity/location: \_\_\_\_\_

Name of student: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Approximate weight \_\_\_\_\_

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_

For seizure, please provide an end time as well.

End time: \_\_\_\_\_

Incident that occurred: Allergic Reaction \_\_\_\_\_ Seizure \_\_\_\_\_ Other: \_\_\_\_\_

Was an epi-pen given? Yes or No

If yes, what time: \_\_\_\_\_

Was parent called? Yes or No

By whom? \_\_\_\_\_

Was 911 called? Yes or No

Were they transported? Yes or No

Did someone join the student during the transport? Yes or No? If so, who? \_\_\_\_\_

### Details of the incident:

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(Use the back of this paper if more details are required)

Signature of person completing report: \_\_\_\_\_ Date: \_\_\_\_\_