

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 and ALOA Coordinator by phone as soon as possible after event  
Fax report within 1 business day. District Fax # 469-5346 Do NOT Email Report**

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 #)

Glucagon Given  
 Transported by:  
 EMS \_\_\_\_\_ LifeFlight \_\_\_\_\_

Person Experiencing Event  
 Student  
 Staff  
 Visitor

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			
ALOA Coordinator			
District School Health Coordinator <b>850-469-5456</b>			

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            |