## **ANAPHYLAXIS REPORT**

Principal:	
Date of Birth (y/m/d)	Emergency Plan in Place
	□Yes □No
	•
	Date of Birth

Staff training completed on (date):		
Comments:		

	COMMUNICATION COMPLETED TO:			
	Student Body □ Yes □ No	School Staff □ Yes □ No	Parents □ Yes □ No	
F	Principal's Signature:		Date	

SUBMIT ANNUALLY TO SCHOOL SUPERINTENDENT BY OCTOBER 30th

## ANAPHYLAXIS ACKNOWLEDGEMENT RECORD

Annually, no later than October 30, please have staff indicate by signature that they have received Anaphylaxis Awareness Training and have read and understand their responsibilities as per Sabrina's Law.

School Name:	
Principal:	
Date:	

School Personnel Name	Signature	Principals' Initials