

## ANAPHYLAXIS REPORT

School: \_\_\_\_\_ Principal: \_\_\_\_\_

Name (s) of Student(s)	Date of Birth (y/m/d)	Emergency Plan in Place
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Staff training completed on (date):</b>
<b>Comments:</b>

<b>COMMUNICATION COMPLETED TO:</b>		
Student Body <input type="checkbox"/> Yes <input type="checkbox"/> No	School Staff <input type="checkbox"/> Yes <input type="checkbox"/> No	Parents <input type="checkbox"/> Yes <input type="checkbox"/> No

Principal's Signature: \_\_\_\_\_ Date \_\_\_\_\_

<b>SUBMIT ANNUALLY TO SCHOOL SUPERINTENDENT BY OCTOBER 30th</b>
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