

JGFGA – NALOXONE (NARCAN) INCIDENT REPORT

NALOXONE (NARCAN) INCIDENT REPORT

Instructions: *To be completed as soon as possible after the incident occurred and appropriate response actions/interventions were taken. File form with the building principal.*

Date of report: _____

Name of person completing this report: _____

Patient name: _____

Date of birth: _____ Grade: _____

Date incident occurred: _____ Time: _____ am pm

Person providing medication: _____

Dose: _____

SUMMARY OF INCIDENT

Provide a summary of the incident and describe how it occurred: _____

ACTION TAKEN/INTERVENTION

911 Called: Yes No

School nurse notified: Yes, Date: _____ Time: _____ No N/A

Parent/Guardian notified: Yes, Date: _____ Time: _____ No N/A

If yes, name of the parent/guardian who was notified: _____

Describe interventions taken and outcome: _____

FOLLOW-UP AND PREVENTION (To be completed by building principal)

List any follow-up information related to the incident and prevention measures enacted to prevent similar incidents in the future: _____

Building administrator's signature: _____

Date: _____

Name of District: Turner USD 202