

Howards Grove School District  
403 Audubon Road  
Howards Grove, WI 53083

Phone (920) 565-4454  
Fax (920) 565-4461



# Medical Emergency Response Team Incident Report

Date of Response: \_\_\_\_\_ Time Response Called: \_\_\_\_\_ Time 911 Called: \_\_\_\_\_

School Name \_\_\_\_\_ Location: \_\_\_\_\_

**Student/Staff name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Parent/Guardian/Family \_\_\_\_\_

Address \_\_\_\_\_

Time Contacted \_\_\_\_\_ Contact by \_\_\_\_\_

Allergies \_\_\_\_\_ Health concerns \_\_\_\_\_

Summary of Incident \_\_\_\_\_

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Actions Taken \_\_\_\_\_

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Emergency Medication Given: \_\_\_\_ Yes \_\_\_\_ No Type \_\_\_\_\_

Transported \_\_\_\_ Yes \_\_\_\_ No To: \_\_\_\_\_ By: \_\_\_\_\_

Team Members Present: \_\_\_\_\_

Report completed by (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Forward to building principal, district nurse & district superintendent to review.  
Original to building office

District Nurse _____
Date _____
Principal _____
Date _____
Superintendent _____
Date _____