Adverse Event Form

School Name/District _____

Child's age (**no PHI**) _____

Name of School Nurse _____

Name & Title of Person filling out this form _____

Date of Incident _____ Date of Report _____

The school nurse or the school nurse leader/supervisor of the school district is required to report adverse events to the public health Regional Health Officer or School Health Advocate for their Region. Reporting should occur within 24 hours – 1 week. **NMAC 7.30.12.10**

☐	**Death of student** (select general info below on how & where)
	☐ On Campus ☐ Off Campus ☐ During School Vacation ☐ **Accident** ☐ Motor Vehicle ☐ Sporting Event ☐ Other_____ ☐ **Illness:** _____ ☐ **Suicide:** _____
☐	**Attempted Suicide**_____
☐	**Emergency Medications Given:**
	☐ Narcan ☐ Albuterol ☐ Epinephrine ☐ Oxygen ☐ Other (pt specific)_____
☐	**EMS called:**
	☐ Injury _____ ☐ Respiratory _____ ☐ Anaphylaxis _____ ☐ Cardiac _____ ☐ Other: _____ ☐ Transported by EMS ☐ Transport by EMS refused ☐ Transport by EMS not required
☐	**Any event with potential of impacting physical or mental health of the school community**
	☐ Natural Disaster ☐ Shooting ☐ Bomb ☐ Fire ☐ Other: _____
☐	**After Action Requests/Needs** ☐ Training ☐ Mental Health ☐ Resources ☐ SMHA (School Mental Health Advocate) contact ☐ Other Need _____