

GILMER ISD  
Post Anaphylaxis Review Form

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Names of Responders: \_\_\_\_\_

Where was student when this happened?: \_\_\_\_\_  
\_\_\_\_\_

Was the District aware that the student had an allergy? YES NO  
Did the student have an Anaphylaxis Care Plan on file? YES NO  
Did the teacher/staff where the incident occurred have a copy? YES NO  
\_\_\_\_ check if were given a copy previously but were unable to locate

Was the child's EpiPen easily located? YES NO

Did this occur on a field trip? YES NO

Did the child tell you they were having a reaction? YES NO

What symptoms did you notice? \_\_\_\_\_  
\_\_\_\_\_

Write a brief description of how you believe the child was exposed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the nurse promptly called? YES NO N/A (field trip, etc)

Was an EpiPen used? YES NO Who used it? STUDENT TEACHER

Was EMS called? YES NO Were parents called? YES NO

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INVESTIGATION:

Was the source of the allergen able to be identified?: \_\_\_\_\_  
\_\_\_\_\_

Document follow up education provided, and suggestions for improvement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Give a copy of this form to your school nurse, Mr. Rice, and the high school nurse.  
Attach any additional pertinent information to this form.**