

# 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: \_\_\_\_\_

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### SUMMARY OF INCIDENT

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 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: \_\_\_\_\_