# Marysville Public Schools –USD 364

# 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 occurre	d:			
ACTION TAKEN/INTERVENTION 911 Called:  Yes No				
School nurse notified:  Yes, Date:	Time:	□No		□N/A
Parent/Guardian notified:  Ves, 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:

### KASB: 6/23, Approved: 10/23

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