

School Incident Form

When to complete this form:

Please complete this form anytime the cardiac/medical emergency response team is activated.

Forms should be returned to your local Project ADAM program for both school and community incidents.

Location of incident:

School = school or part of the school campus.

Community = outside of a school campus.

Date of Incident: _____
Month/Day/Year

Incident Location: School Community
Please describe location

Name of School: _____ District: _____

1	At the time of the incident, was this school a designated Project ADAM Heart Safe School?	Yes	No	In Progress
2	Indicate gender of victim:	Male	Female	Unknown
3	Age category of victim:	<input type="text"/>		
4	Was CPR provided?:	Yes	No	Unknown
5	Was there an AED on site?:	Yes	No	
6	Was an AED brought to the scene?:	Yes	No	Unknown
7	Was the AED turned on?:	Yes	No	Unknown
8	Were the AED pads placed on the victim?:	Yes	No	Unknown
9	Was an AED shock delivered?:	Yes	No	Unknown
10	Was EMS/911 contacted?:	Yes	No	Unknown

11 Was the patient transported to the hospital?: Yes No Unknown

12 Do you know if the patient survived? Yes No Unknown

13 Provide a brief description of the incident:

14 School contact name: _____

15 School contact position: _____

16 School contact email: _____