**APPENDIX E**

 **Medical Incident Record Form**

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|   | C:\Users\jviskovich\Desktop\NEW LOGO AND LETTERHEAD\NCDSB-Colour-Print.jpg |  |
| **MEDICAL INCIDENT RECORD FORM**  |
|  STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |
| **Date:** | **Time of Incident** | **Length of Incident** | **Events before****Incident** | **Description of Incident** | **Events after****Incident** | **Date/Time****Parent(s)/Guardian(s)****Contacted** |
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