**APPENDIX E**

**Medical Incident Record Form**

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| **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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