

ALABAMA STATE DEPARTMENT OF EDUCATION

UNUSUAL OCCURRENCE REPORT

Date of Occurrence: ___/___/___

Time of Occurrence: _____

School: _____

Principal: _____

STUDENT NAME: _____

DOB: ___/___/___ Grade: ___

Parent's Name: _____

Phone: _____

Address: _____

DESCRIPTION OF UNUSUAL OCCURRENCE

Site of Unusual Occurrence: _____

Description of Occurrence: _____

Action Taken: _____

Condition/Status of Student: _____

Notifications: 911/Ambulance Time: ___ By: _____ Parent Time: ___ By: _____

Designated School Nurse Time: ___ By: _____ Principal Time: ___ By: _____

Lead Nurse Time: ___ By: _____ Poison Control Time: ___ By: _____

Doctor _____ Phone Number: _____ Time: ___ By: _____

Signatures:

Person Completing this Form: _____ Date: ___/___/___

Principal: _____ Date: ___/___/___

Witness: _____ Date: ___/___/___

Witness: _____ Date: ___/___/___

Fax this report to the Health Services Department within 24 hours of occurrence. File Unusual Occurrences in school and school year specific file cabinet.