

## EMERGENCY REPORTING FORM

The online form can be found here: [www.education.ne.gov/csss/school-health-education-and-services](http://www.education.ne.gov/csss/school-health-education-and-services)

School District: \_\_\_\_\_

Building Level (circle one):

Contact: \_\_\_\_\_

Elementary

Middle

High

Date of Emergency: \_\_\_\_\_

Telephone: \_\_\_\_\_

1. Did the student have an Emergency Action Plan?  Yes  No

If yes, was it followed prior to implementing the Rule 59 protocol?  Yes  No

2. Medications given: \_\_\_\_\_

3. Who administered the epinephrine and nebulized albuterol?

Name: \_\_\_\_\_ Title: \_\_\_\_\_

4. If epinephrine and/or nebulized albuterol were not given, please explain why:

\_\_\_\_\_  
\_\_\_\_\_

5. Was a school nurse present during the event?  Yes  No

### ADDITIONAL INFORMATION

6. Does this student have a history of asthma?  Yes  No

7. Does this student have a history of anaphylaxis?  Yes  No

8. Offending allergen(s) if known: \_\_\_\_\_

9. Does this student have an action plan and medication(s) at school?  Yes  No

If no, did the student return to school with a new or updated action plan?  Yes  No

10. Does the student self-carry asthma/anaphylaxis medication?  Yes  No

If yes, did the child have medication at school?  Yes  No

11. Has Rule 59 protocol been administered for this student previously?  Yes  No

If yes, indicate when: \_\_\_\_\_

12. Does this building have a school nurse?  Yes  No

If yes, name: \_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Email (for follow-up): \_\_\_\_\_

Please send completed forms to: [NDE.HealthServices@nebraska.gov](mailto:NDE.HealthServices@nebraska.gov)

#### For Office Use Only:

Reviewed by: \_\_\_\_\_ Date reviewed: \_\_\_\_\_

Education needed  Yes  No

