

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 School contact name: _____

2 School contact position: _____

3 School contact email: _____

4 At the time of the incident, was this school a designated Project ADAM Heart Safe School? Yes No In Progress

5 Indicate gender of victim: Male Female Unknown

6 Age category of victim: _____

7 Was CPR provided?: Yes No Unknown

8 Was there an AED on site?: Yes No

9 Was an AED brought to the scene?: Yes No Unknown

10 Was the AED turned on?: Yes No Unknown

11 Were the AED pads placed on the victim?: Yes No Unknown

12 Was an AED shock delivered?: Yes No Unknown

13 Was EMS/911 contacted?: Yes No Unknown

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

15 Did the victim survive? Yes No Unknown

16 Provide a brief description of the incident:

