



Post-Incident Documentation Template

Printable working template | Complete with the school medical team before use.

Administrative record - no detailed medical history

- ☐ School / event ID _____
- ☐ Date and approximate time _____
- ☐ Location _____
- ☐ Reporting staff member / role _____
- ☐ Incident reference number (school system) _____

Response timeline

- ☐ Time medical team notified _____
- ☐ Time emergency plan activated (if applicable) _____
- ☐ Time 911 called (if applicable) _____
- ☐ Time EMS arrived (if applicable) _____
- ☐ Time transferred to authorized responder (if applicable) _____

Operational summary

- ☐ Personnel / roles involved _____
- ☐ Equipment used (non-clinical inventory) _____
- ☐ EAP steps followed / deviations _____
- ☐ Communication or access issues _____
- ☐ Follow-up owner and due date _____

Confidentiality and follow-up

- ☐ Clinical notes stored separately in approved secure system _____
- ☐ No identifiable student health details in public/shared tracker _____
- ☐ Parent / guardian communication per school policy _____
- ☐ Debrief completed and improvement actions assigned _____

Review

- ☐ Prepared by / date _____
- ☐ Reviewed by authorized school / medical lead _____
- ☐ Corrective actions closed on _____

Review note: Adapt to local school policy, athletic trainer guidance, medical oversight, applicable laws and EMS protocols. This is a planning resource, not medical advice or a substitute for a professionally approved emergency action plan.