

**EVALUATION OF EMERGENCY ACTION PLAN**

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ an incident occurred as follows:

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As the medical administrator for this event, I have visited with each school employee as well as emergency medical services to determine what could have been done differently. We believe that the district's emergency action plan should be modified or amended to include:

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Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Medical Administrator