

**2019-2020  
School Year**

1. Month in which these health encounters occurred: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ District: \_\_\_\_\_  
month year

3. Number of STUDENT encounters for nursing services this month:

C. Intent unknown

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Do not count minor injuries or injuries requiring minor first aid, only major injuries in which a report was filed.

**6. Number of Diagnosed Concussions**

- A. Occurring during school-sponsored activities
- B. Occurring during out-of-school activities

Students	Staff

**7. Emergency Medication Management**

Number of Emergency Medication Administrations to:

Type of Emergency Medications	Students	Staff	Visitors
1. Epinephrine			
2. Glucagon			
3. Naloxone (Narcan)			

**8. Comments concerning public health problems:**

Please provide information related to illness outbreaks that occurred this month, unusual screenings that had to be conducted this month, or other significant public health occurrences:

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