

FAIRLAND BOARD OF EDUCATION		FMAAA-E2
<i>Adoption Date: August 14, 2023</i>	<i>Revision Date(s):</i>	<i>Page 1 of 1</i>

EVALUATION OF EMERGENCY ACTION PLAN

On the ____ day of _____, 20__ an incident occurred as follows:

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:

Dated this ____ day of _____, 20____.

Medical Administrator