

## FHCi Adverse Event Reporting Form for HP Family Members

<p><b>Definition:</b> An adverse event may be defined as a death, life-threatening adverse drug or device experience, inpatient hospitalization or prolongation of existing hospitalization, a persistent disability/incapacity, or a congenital anomaly/birth defect.</p>	
HP Supervisor Name and Member Number	
HP Supervisor Contact info	
Family Member Name	
Parent/Guardian/Contact Name: Phone: Email: Street address: State/Province: Zip/Postal Code: If outside North America, list Country.	
Name of child:	
DOB of the child:	
List previous vaccines if any	
File number, if applicable	
HP remedy given	
Date of dosing of remedy	
Date of symptom expression	

**Adverse Event Reporting Form for HP Family Member**

Free and Healthy Children International  
 1614 Harmon Place, Suite 204  
 Minneapolis MN 55403  
 612-338-1668

**Submit to your HP Supervisor.**

\_\_\_\_\_  
 Initials of HP Family Member

Was HP Supervisor Coordinator consulted for Supervision	Y/ N
	Date
<p>Details: HP Family member is to take a full written report of events leading up to adverse event including but not limited to: nosode and potency given, gender and age of child, dates of nosode/remedy administration, previous reactions to other nosodes, long term health status of the child, previous vaccinations and reactions to vaccinations, recent illnesses that may be confounding factors, medications homeopathic or otherwise, recent illnesses of family members or possible contact with other contagious individuals, and/or other environmental, nutritional, or medicinal exposures during the same time frame as the adverse event.</p>	
<p>Treatment, intervention and mitigation (if any), and follow up:</p>	

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Date of resolution of event, medical intervention (Homeopathic or otherwise)	
HP Family Member Adverse Event Reporting Form confirmation of events	<p>I submit that all details included on this form are a true and accurate depiction of the timeline of events and actual symptoms expressed:</p> <p>_____</p> <p>Signed (HP Family Member) <span style="float: right;">Date</span></p> <p>Print Name: _____</p>
Date form submitted to HP Supervisor	
HP Supervisor confirmation of receipt	<p>_____</p> <p>Signed (HP Supervisor) <span style="float: right;">Date</span></p>
Adverse Event Committee confirmation of receipt	<p>_____</p> <p>Signed (Adverse Event Committee Chair) <span style="float: right;">Date</span></p> <p>Print Name: _____</p>

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