

FHCi Adverse Event Reporting Form for HP Supervisors

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|---|-----------------|
| 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. | |
| 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: Country: | |
| Name of child | |
| DOB of the child | |
| List previous vaccines if any | |
| File number, if applicable | |
| HP remedy given | |
| Date of dosing | |
| Date of symptom expression | |
| Was FHCi HP Supervisor Coordinator consulted for Supervision? | Y/ N |
| | Date Consulted: |

Adverse Event Reporting Form for HP Supervisor

Free and Healthy Children International
 1614 Harmon Place, Suite 204
 Minneapolis MN 55403
 612-338-1668
 Submit to: FHCigrants@gmail.com

 Initials of HP Supervisor

Case Details: HP Supervisor is to take a full written report of events leading up to stated adverse event to evaluate if there could be other extraneous circumstances that may have led to adverse event, including but not limited to nosode and potency given. Also include any and all of the following: Gender and age of child, dates of remedy administration, previous reactions to other nosodes or remedies, 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 any other environmental, nutritional, or medicinal exposure during the same time frame as the adverse event.

Treatment, intervention and mitigation (if any), plus follow up:

Date of resolution of event, and any medical intervention taken

HP Supervisor acknowledgement of acceptance of Family Member Adverse Event Reporting form

I have received and read the Family Member Adverse Event Form and concur with all statements provided to me from the HP family representative as per our initial interview and ongoing interviews. If you don't agree contact HP Family Member again to concur or describe discrepancies above. If Total agreement cannot be met describe this disagreement in the case details box.

Signed (HP Supervisor)

Date

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| | | |
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| Date submitted to Adverse Event Review Committee | <hr/> Signed (HP Supervisor) Date | |
| Acknowledgement of acceptance by Review committee | <hr/> Signed (Review Committee Chair) Print Name Date | |
| Additional comments from Review Committee, analysis, review and verification of events: | | |
| Communications with Family or HP Supervisor | Date(s) | Additional comments |
| Confirmation of submittal of Report of findings to the Board findings | <hr/> Signed (Board Chair) Print Name Date | |
| Publication of Adverse Event on website | <hr/> Signed (Webmaster) Print Name Date | |

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Additional comments

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