

[Name of School District]

**School Emergency Administration of Auto-Injectable Epinephrine Report**

<b>School Providing Injection</b>		
School Name:		
Address:		
City/State/Zip:		
Main Telephone Number:		Fax Number:
<b>Individual Injected</b>		
Name:		Age:
<b>Parent/Legal Guardian Contact</b>		
Name:		Relationship:
Home Phone Number:		Cell Phone Number:
Email Address:		Time Notified:
<b>Individual Administering Injection</b>		
Name:		Position/Title:
Telephone Number:		Email Address:
<b>Drug Administration</b>		
Date/Time:	Number of Doses:	Type of dose: <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult
Reasons for Drug Administration:		
Describe Any Problems with Drug Administration:		
Describe the Individual's Response to Drug Administration:		
<b>Standing Order Authority</b>		
Provider Name:		License Number (if known):
Address:		
City/State/Zip:		
Telephone Number:		Fax Number:
<b>EMS Response</b>		
Time 911 Was Called:		Time EMS Arrived:
Name of EMS Agency:		
Name of Hospital Where Individual was Transported:		
<b>Comments</b>		
Please provide any pertinent additional information:		

This form should be retained by the school nurse or designee.

**ADOPTED:** June 18, 2024**AMENDED:**