



## Arizona Department of Health Services

### Layperson Administration of Auto-Injectable Epinephrine Report

#### Organization

Organization Name here: ▶			
Address here: ▶			
City here: ▶	County here: ▶	Zip: here: ▶	
Main Telephone Number here: ▶	Fax Number here: ▶		

#### Individual Injected

Name here: ▶			
Age here: ▶			

#### Individual Administering Injection

Name: here ▶	Position/Title here: ▶		
Direct Telephone Number: here ▶	E-mail Address: here ▶		

#### Epinephrine Information

Date: here ▶	Time: here ▶	Number of Doses: here ▶		
Reasons for drug administration here: ▶				
Describe any problems with the drug administration here: ▶				

#### EMS Response

Time 911 was called: here ▶	Time EMS Arrived: here ▶			
Name of Transporting EMS Agency here: ▶				
Name of Hospital Individual was Transported here: ▶				

#### Comments:

Please provide any questions or concerns here: ▶				
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After completion, please forward this form to:

Email: [epinephrine@azdhs.gov](mailto:epinephrine@azdhs.gov)