

School Emergency Administration of Epinephrine Report
 Arizona Administrative Code R7-2-809
After completion, please send this form to epinephrine@azdhs.gov.

School Providing Epinephrine

School Name		
School Address		
City	District	Zip Code
Main Telephone Number		Fax Number

Individual Receiving Epinephrine

Name	Age
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Legal Guardian Contact

Name	Relationship
Telephone Number	Email Address

Individual Administering Epinephrine

Name	Position/Title
Telephone Number	Email Address

Drug Administration

Date	Time	Number of Doses
Type of Epinephrine Administered	<input type="checkbox"/> Auto-injector	<input type="checkbox"/> Nasal spray
Reasons for Drug Administration		
Describe any problems with the drug administration:		

Standing Order Authority

Provider Name	Provider License Number
Address	
Main Telephone Number	Fax Number

EMS Response

Time 911 was Called	Time EMS Arrived
Transporting EMS Agency	
Name of Hospital Individual was Transported to	

Comments/Concerns

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