



Arizona Department of Health Services Bureau of Emergency Medical Services and Trauma System

School Emergency Administration of Auto-Injectable Epinephrine Report Arizona Administrative Code R7-2-809

School Providing Injection

School Name here: ▶					
Address here: ▶					
City here: ▶		District here: ▶		Zip: here: ▶	
Main Telephone Number here: ▶		Fax Number here: ▶			

Individual Injected

Name here: ▶						
Age here: ▶						
Legal Guardian Contact						
Name here: ▶				Relationship here: ▶		
Direct Telephone Number here: ▶		E-mail Address here: ▶				

Individual Administering Injection

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

Drug Administration

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

Standing Order Authority

Provider Name here: ▶					
Address here: ▶					
City here: ▶		AZ Provider License Number here: ▶			
Main Telephone Number here: ▶		Fax Number 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:

Arizona Department of Health Services—Bureau of EMS and Trauma System
Email: epinephrine@azdhs.gov Phone (602) 364-3149
Mail: 150 North 18th Ave, Ste. 540, Phoenix, Arizona, 85007-3248