



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:

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