



EPINEPHRINE AUTO-INJECT ADMINISTRATION REPORT

Complete this form within 24 hours of use!

INSTRUCTIONS:

The use of stock epinephrine in schools must be reported to the Department of Licensing and Regulatory Affairs. Reporting is done at the end of each school year, in order to report accurately you must complete this form, scan and email it to those listed below. Keep a copy at your building.

- HR Leave Specialist
- Joshua Flagg (Student Data Technician / Central Office)
- Mary Larsen RN or Leslie Wirth RN (District Nurse Assigned to your building)
- Your building leadership

You must also complete and email an Incident Report since 911 was called. [FPS Incident Report](#)

INCIDENT DETAILS:

Date of Epinephrine Injection:		Time of Epinephrine Injection:	
School/Building:			
Name of Person Administering Medication			
Job Title of Person Administering Medication			
Time EMS was contacted:	Was the person transported to hospital? <input type="checkbox"/> Yes -or- <input type="checkbox"/> No	Was the person transported to hospital? <input type="checkbox"/> Yes -or- <input type="checkbox"/> No	
Was the Epinephrine used: <input type="checkbox"/> Stock Epinephrine -or- <input type="checkbox"/> Personal Epinephrine	Epinephrine Auto Injector Brand: Dose: Exp. Date:	How was the Epinephrine Injector disposed of?	Incident Report completed and sent to required people: <input type="checkbox"/> Yes -or- <input type="checkbox"/> No

INFORMATION ABOUT THE PERSON WHO RECEIVED THE EPINEPHRINE INJECTION:

Select one: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Other	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Age: _____
Was there a previously known diagnosis of a severe allergy? <input type="checkbox"/> Yes -or- <input type="checkbox"/> No If yes , what was the cause of the <i>previous</i> reaction? _____		
What was the suspected cause of <i>this</i> reaction?		
Presenting symptoms of (anaphylaxis/severe reaction):		
Were symptoms resolved with Epinephrine? <input type="checkbox"/> Yes (Time taken to resolve: _____) -or- <input type="checkbox"/> No	Was a second dose needed (only administered by First Responders): <input type="checkbox"/> Yes -or- <input type="checkbox"/> No	