

PARMA SCHOOL DISTRICT #137
School Emergency Administration of Auto-Injectable Epinephrine Report

School Providing Injection		
School Name:		
Address:		
City/State/Zip:		
Main Telephone Number:		Fax Number:
Individual Injected		
Name:		Age:
Parent/Legal Guardian Contact		
Name:		Relationship:
Home Phone Number:		Cell Phone Number:
Email Address:		Time Notified:
Individual Administering Injection		
Name:		Position/Title:
Telephone Number:		Email Address:
Drug Administration		
Date/Time:	Number of Doses:	Type of dose: <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult
Reasons for Drug Administration:		
Describe Any Problems with Drug Administration:		
Describe the Individual's Response to Drug Administration:		
Standing Order Authority		
Provider Name:		License Number (if known):
Address:		
City/State/Zip:		
Telephone Number:		Fax Number:
EMS Response		
Time 911 Was Called:		Time EMS Arrived:
Name of EMS Agency:		
Name of Hospital Where Individual was Transported:		
Comments		
Please provide any pertinent additional information:		

This form should be retained by the school nurse or designee.

ADOPTED: July 8, 2024