

Designation of Authorized School/School Authority Epinephrine Auto-Injector Purchaser Form

For the purposes of stocking epinephrine auto-injectors in accordance with the *Protecting Students with Life-Threatening Allergies Act*, the individual named below (*authorized employee*) is authorized to purchase epinephrine auto-injectors on behalf of the named school and/or school authority for the specified school year.

The purchase of epinephrine auto-injectors is for the sole use of the school under the *Protecting Students with Life-Threatening Allergies Act*, and is not to be provided to third parties or for personal use or gain.

1. Authorized Employee Information		
Surname	Given Name	
Position/Title		

The authorized employee is required to present photo identification at the time of purchase.

2. School Authority Authorization Information

Name of School Authority	
Name of School	
The employee in Section 1 is authorized to purchase epin	ephrine auto-injectors for the school for
the Septemberto Juneschool year.	
Year Year	
Authorized by (Full name)	Position/Title
Phone Number	Email
Signature	Date
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By signing this document, the signatory confirms that they have the necessary authority to sign this document for and on behalf of the school authority.

3. Assessment of School Needs for Auto-injectors

The information in this section is intended to capture the overall school population demographics and is not for specific individual information. It should not contain personally identifying information. The information will be used to support the pharmacist in complying with the Guidelines of the Alberta College of Pharmacy to determine an appropriate number of epinephrine auto-injectors to provide.				
School Demographic Information (please check all that apply):				
☐ Kindergarten	Grade(s):			
Elementary	Grade(s):			
□ Junior High	Grade(s):			
☐ High School	Grade(s):			
Number of students that attend school				
In the event of an anaphylactic reaction, approximately how long would it take for emergency responders to arrive and take over care of the child?				
□ 15 minutes or less				
More than 15 minutes				

4. Epinephrine Auto-Injector Record of Sale to Authorized Employee

The information in this section is to be completed by the pharmacy and serves as a record of the types, number and date of epinephrine auto-injectors provided to the authorized employee on behalf of the school/school authority.

	Quantity provided	Date Provided
Epinephrine 0.15 mg		// / mm/ yyyy
Epinephrine 0.3 mg		//
□ Other		// / mm/ yyyy

5. Pharmacy Provider Information		
Pharmacy Name		
Pharmacy Address		
Pharmacy Phone Number		
Pharmacist Contact Name		

A copy of this completed form should be provided to and retained by the school/school authority and pharmacy for record-keeping.