



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
<input type="text"/>	<input type="text"/>
Position/Title	
<input type="text"/>	

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

2. School Authority Authorization Information

Name of School Authority
<input type="text"/>

Name of School
<input type="text"/>

The employee in Section 1 is authorized to purchase epinephrine auto-injectors for the school for the September _____ to June _____ school year. <small>Year Year</small>
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Authorized by (Full name)	Position/Title
<input type="text"/>	<input type="text"/>

Phone Number	Email
<input type="text"/>	<input type="text"/>

Signature	Date
<input type="text"/>	____/____/____ <small>dd / mm/ yyyy</small>

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
<input type="checkbox"/> Epinephrine 0.15 mg		____/____/____ dd / mm/ yyyy
<input type="checkbox"/> Epinephrine 0.3 mg		____/____/____ dd / mm/ yyyy
<input type="checkbox"/> Other		____/____/____ dd / 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.