



### 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.*