



County of Riverside Department of Public Health (revised 12/2014) Prescription for Health Department-Authorized Epinephrine Auto-Injectors

Submitting this request for prescription implies full acceptance of terms in the Department's letter to school administrators dated 11/26/2014. The Department cannot assist with training, protocols, storage or transportation, does not provide financial reimbursement, and is not responsible for liabilities incurred through the use of epinephrine auto-injectors. **Please complete all portions except for the final signature line.** We are not responsible for incomplete or illegible requests. Fax this form to 951 358 5160. Please keep a copy for your records.

This prescription is requested under Ed. §49414 (B)(2) by:

name/signature

position/institution

address/phone

date

Pharmacist: Please fill the below quantity and brand of epinephrine auto-injector.

Institution will arrange payment and pickup. Do not ship to the Department of Public Health.

qty

brand

Sig.: administer prn for anaphylaxis per protocol; Refills: ad lib x 1 year

Pharmacy information:

name

address

fax#

Signature, Date and DEA# of Health Department Physician

[] Cameron Kaiser, MD, Health Officer / CA Lic. A91013 / DEA above

[] Daved van Stralen, MD, EMS Medical Director / CA Lic. G57176 / DEA above

4065 County Circle Drive, Riverside, CA 92503 * 951 358 5029