EPI-PEN AUTO-INJECTOR
APPROVED PERSONNEL ROSTER

The following Individuals have received training in the use of Epinephrine Auto-Injectors in accordance with DOH and this service's training policy and as Medical Director for ___________________________ (service) I approve the individuals that are listed below to administer Epinephrine via Auto-Injector.

______________________________ ___________________________________ ___________

Medical Director (Type or Print) **Medical Director (Sign)** **Date**

NAME	LEVEL	ID NUMBER	EXPIRATION DATE