

Acquisition and Disposition of Epinephrine Auto-Injectors Site Level

School Site: _____ District: _____ Year: _____

Date Ordered:	Supplied by:	Lot #:	Expiration Date	Disposition				Reorder Date	Restock Date
				Administered	Disposed	Date Administered/ Disposed	Administered/ Disposed by		
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****Please attach packing slip for re-ordered epinephrine.**