Treatment of Severe Allergic Reaction - Statement of Completion

This form certifies that (trainee): _____

Trainee address: _____

has completed an approved training program covering recognition of symptoms of systemic reactions to allergens and proper administration of epinephrine, pursuant to ORS 433.805 to 433.830 and rules of the Oregon Health Authority, Public Health Division. Under ORS 433.825 this person is authorized to administer epinephrine in a severe allergic reaction emergency.

_____ _____

Signature of Authorized Trainer Date Trained

_____

Printed Name of Authorized Trainer

Authorized Trainer License Type (check one):

☐ Physician

☐ Nurse Practitioner

☐ Register Nurse

☐ Paramedic

Rev. 8/2026