

Treatment of Allergic Response - Statement of Completion

This certifies that:

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