

Huron-Superior Catholic District School Board

Record of Auto-injector Administration

SCHOOL: _____

NAME OF STUDENT: _____ GRADE: _____

Date of Administration of Auto-injector: _____

Time of Administration of Auto-injector: _____

Name of Individual Administering Auto-injector: _____

Location Where Auto-injector was administered: _____

(Signature of Principal)

(Date)

Note:

A copy of this form is to be forwarded to the Superintendent responsible for Safe Schools.