**Sample Epinephrine Auto-Injector (EAI) Training List Summary**

**This list is for the \_\_\_\_\_\_\_\_\_\_\_\_ school year**

**Directions:**   
This log should be kept in the school health office or area designated in the district policy.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Trained** | **Print Staff Member Name** | **Staff Member Signature** | **Job Title** | **Building Location**  **Room #** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

8/24

This sample resource is located on the Samples|Forms page at www.schoolhealthny.com