**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.

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| **DateTrained** | **Print Staff Member Name** | **Staff Member Signature** | **Job Title** | **Building Location****Room #** |
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This sample resource is located on the Samples|Forms page at www.schoolhealthny.com