



HUDSON VALLEY REGIONAL
EMERGENCY MEDICAL SERVICES COUNCIL, INC.
33 Airport Center Drive, Suite 204, Second Floor
New Windsor, NY 12553
(845) 245-4292 Phone
(845) 245-4181 Fax
hvremSCO@hvremSCO.org
www.hvremSCO.org

Administration of Epinephrine Auto-Injectors by EMS Agencies

Agency / Provider Information

Date of Incident: _____ Time of Incident: _____
Agency Name: _____ Agency Code: _____
Provider Name: _____
Provider NYS Certification Number: _____ Provider Level EMT AEMT CC/Paramedic
Transporting Agency: _____
Patient Care Report Number#: _____
BLSFR Must Submit PCR Copy to HVREMSCO Office

Patient Information

Gender: Female Male Patient Age: _____
Estimated weight of patient: _____

Event Information

Type of Incident Resulting in need to Administer Epinephrine:

Bee Sting Other Insect Bite Asthma Attack Food Allergy* Other*

*Specify _____

Time Epinephrine administered: _____ Number of Auto-Injectors Administrations: _____

Indicate Source of Epinephrine: Agency Supply Patient Prescription

Where on body was epinephrine administered? _____

Type of Epinephrine Injector: Epi-Pen® Epi-Pen Jr.® Other Specify

Name and location of health care facility patient was transported to:

Return this form to the HVREMSCO Office at hvremSCO@hvremSCO.org or by fax at (845) 245-4181