



Sarah Huckabee Sanders  
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### **Act 1108 of 2015 Arkansas Department of Health**

Complete the reporting requirements for authorized entities providing or administering auto-injectable epinephrine and submit to [nick.shull@arkansas.gov](mailto:nick.shull@arkansas.gov) or fax to 501-661-2769

1. The name and address of the entity providing auto-injectable epinephrine.
2. The name and the certificate number of the person administering auto-injectable epinephrine.
3. The date, time, and reason auto-injectable epinephrine was administered.
4. The age of the person receiving the injection.
5. The name of the emergency medical service contacted after the injection was administered.
6. If applicable, proof of notification of school administration and parents/caregivers.

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