



CERTIFICATE OF COMPLETION

This certificate is awarded to

Print Name

**Completion of the department's approved
Annual Anaphylaxis Training Program and Skills Check**

The individual signed below agrees to perform the service of administrating a stock epinephrine auto-injector to a student or individual who may be experiencing an anaphylactic reaction in accordance with Iowa Code [280.23] and IAC [281-14.3].

Signature of Authorized Personnel

Signature of School Nurse

Date of Training Completion